

ROYAL COMMISSION OF INQUIRY INTO CERTAIN DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND RELATED MATTERS.

Hearing held 8th floor 180 Dundas Street West Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

P.S.A. Lamek, Q.C.

Counsel

E.A. Cronk

Associate Counsel

Thomas Millar

Administrator

Transcript of evidence for

14 May 1984

VOLUME 145

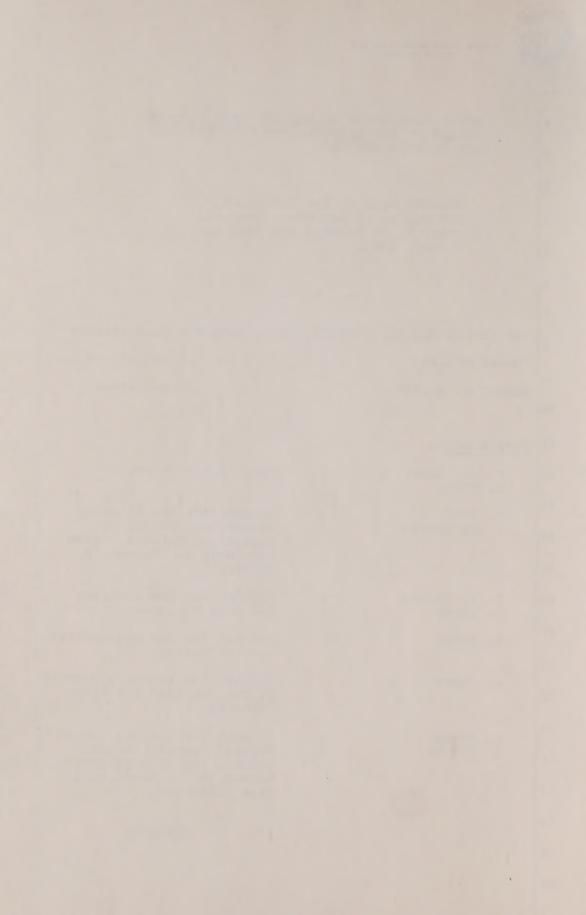
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1	ROYAL COMMISSION DEATHS AT THE HO	OF INC	QUIRY INTO CERTAIN FOR SICK CHILDREN							
2	AND RELATED MATTERS.									
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4	Hearing held of 180 Dundas Str	eet Wes	st, Toronto,							
5	Ontario, on Mo of May, 1984.	nday, t	the 14th day							
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8	THE HONOURABLE MR. JUS	TICE S.	.G.M. GRANGE - Commissioner							
9	THOMAS MILLAR		- Administrator							
10	MURRAY R. ELLIOT		- Registrar							
11	a popula praviono									
**	APPEARANCES:									
12	P.S.A. LAMEK, Q.C. E. CRONK)	Commission Counsel							
13	D. HUNT)	Counsel for the Attorney							
14	L. CECCHETTO)	General and Solicitor General of Ontario (Crown Attorneys and Coroner's							
15			Office)							
16	I. J. ROLAND R. BATTY)	Counsel for The Hospital for Sick Children							
17	D. YOUNG		Counsel for The Metropolitan Toronto Police							
18	K. CHOWN		Counsel for numerous Doctors							
19	R. CHONE.		at The Hospital for Sick Children							
20	B. SYMES)	Counsel for the Registered Nurses' Association of							
21	F. KITELY)	Ontario and 35 Registered Nurses at The Hospital for							
22			Sick Children.							
23			(Cont'd)							
24										



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1 APPEARANCES (Continued) 2 D. BROWN Counsel for Susan Nelles -F. FISCHER Nurse 3 G. R. STRATHY Counsel for Phyllis Trayner -P. RAE Nurse 4 J. A. OLAH Counsel for Janet Brownless -5 Nurse S. LABOW 6 Counsel for Mr. & Mrs. Gosselin Mr. & Mrs. Gionas, Mr. & Mrs. Inwood, Mr. & Mrs. Turner, 7 Mr. & Mrs. Lutes, and Mr. & Mrs. Murphy (parents of 8 deceased children) 9 W.W. TOBIAS Cousel for Mr. & Mrs. Hines (parents of deceased child Jordan Hines) 10 J. SHINEHOFT Counsel for Lorie Pacsai 11 and Kevin Garnet (parents of deceased child Kevin 12 Pacsai) 13 14 15 VOLUME 145 16 17 18 19 20 21 22 23

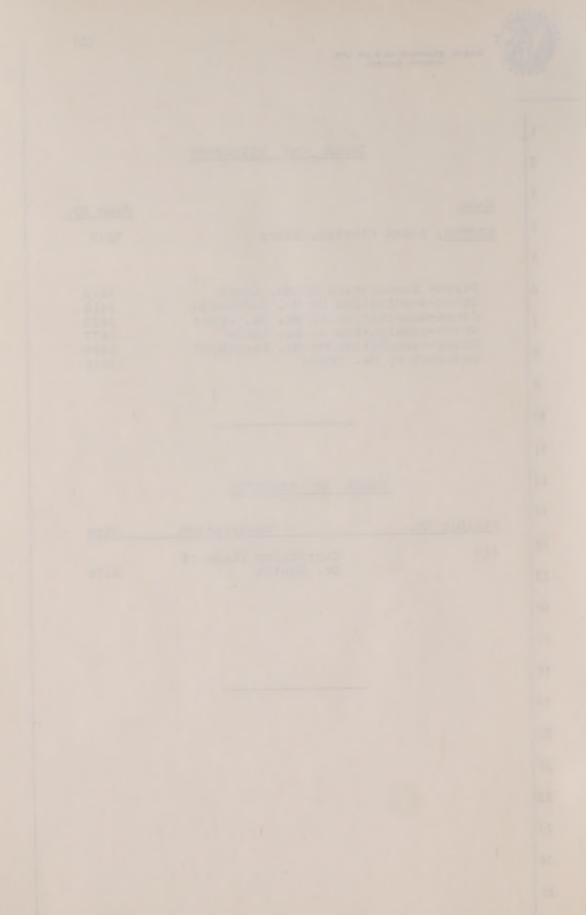
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-- (Upon commencing at 9:30 a.m.)

THE COMMISSIONER: Before we start I would like to say something about Miss McIntyre's application for the evidence of Dr. McGee. McIntyre has informed the Commission of her intention of calling Dr. Marion McGee, Dean of Nurses, Health Sciences at the University of Ottawa to give evidence upon questions relating to nursing practice, wherein she is no doubt an expert. As I understand it, the three areas on which it is proposed to examine her are as follows:

- (1) the propriety or impropriety of certain specific acts of nurses upon which we have heard testimony.
- (2) medication errors.
- (3) A program known as Quality Assurance.

Miss McIntyre represents the Registered Nurses Association of Ontario and certain individual nurses, many of whom have been examined before the Commission, but none of whom was a member of the particular team of nurses who were present most often at the time of the onset of terminal events of the babies whose deaths we are investigating. It is

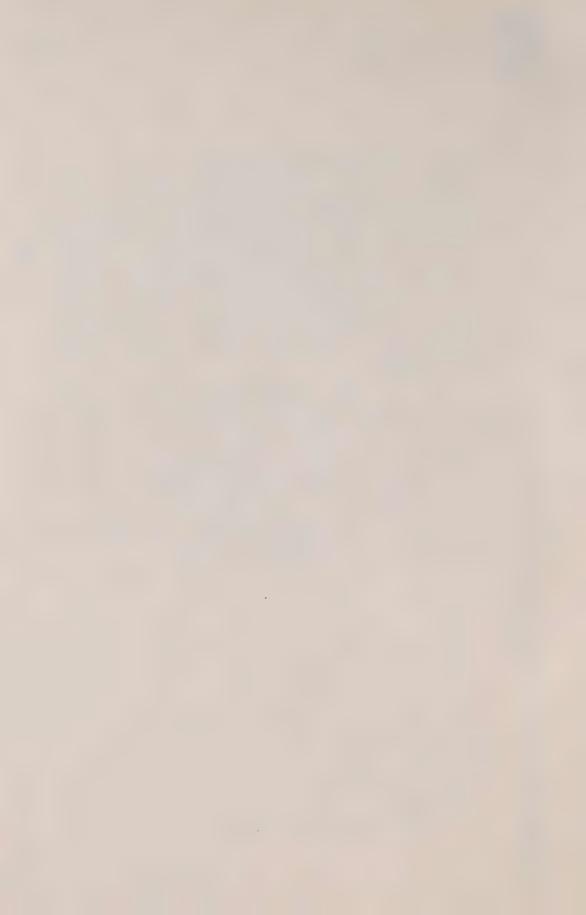
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arguable that none of the proposed areas of Dr. McGee's evidence is relevent to Miss McIntyre's clients interests in Phase I of the Commission. Nevertheless it may be that some of the evidence will be helpful and I am not prepared to say in advance that she should, that Dr. McGee should not testify. I will therefore permit her to be called but subject to the following restrictions:

quality assurance program which deals, as I understand it, with the involvement of the practice persumably in the prevent control or detectanother epidemic of deaths. That was one of the objects of The Dubin Inquiry and I am charged to consider the report of that Inquiry and not to duplicate its work.

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The second thing is that I expect on either Wednesday or Thursday to make a statement with respect to the problems in Phase II and I expect on Thursday, by which time I hope all of the evidence in Phase I will be in to complete the problems, resolve the problems on the argument out of Phase I, including the problems raised by Mr. Hunt.

The third statement I have is that the wheels of justice will draw entirely to an end, because I haven't got my bench book.

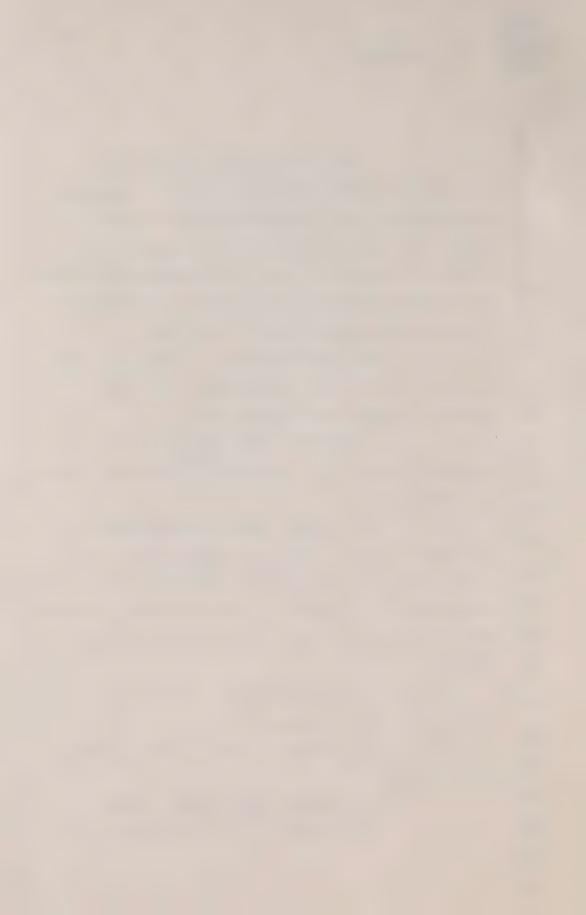
Perhaps if the witness could be sworn then the Registar will get about the important business of trying to find it.

MS. CRONK; Sir, as accomodating as our new environ are, I note one problem and that is the witness will have great difficulty in getting to witness box. I'll have Dr. Kantak leave the room and come in through the other door. I may follow you, Doctor.

THE COMMISSIONER: It gives the witness a new found opportunity.

MS. CRONK; It does, indeed. Thank you Dr. Kantak.

> DR. ANAND GIOTTAM KANTAK, SWORN MS. CRONK: Sir, having sworn the



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witness shall we take a break at the moment while your bench book --

THE COMMISSIONER: I will take notes here and transfer it.

DIRECT EXAMINATION BY MS. CRONK:

- Q. Dr. Kantak as I understand it you graduated from the University of Bombay in India with a Bachelor in Medicine and a Bachelor of Surgery Degree in December of 1975; is that correct?
 - A. That is correct.
- Q. You then interned for one year at the Goa Medical College in India?
 - A. That is correct.
- Q. And from 1975 until 1978 you were a paediatric resident -- am I pronouncing it correctly -- Wadia Hospital?
 - A. That's correct.
- Q. That is a Hospital for Children in Bombay, India?
 - A. That's correct.
- Q. In December of 1978 you received your Doctorate in Paediatrics; is that correct?
 - A. Yes.
 - Q. From that University?
 - A. Yes.



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			Q.	b-	And,	sul	bse	quei	ntly,	as	I	und	erst	and
it,	you	accep	ted	a p	positio	n a	at	the	Janev	vay	Ch	ild		
Heal	th	Centre	in	St.	Johns	, 1	New	four	ndland	1?				

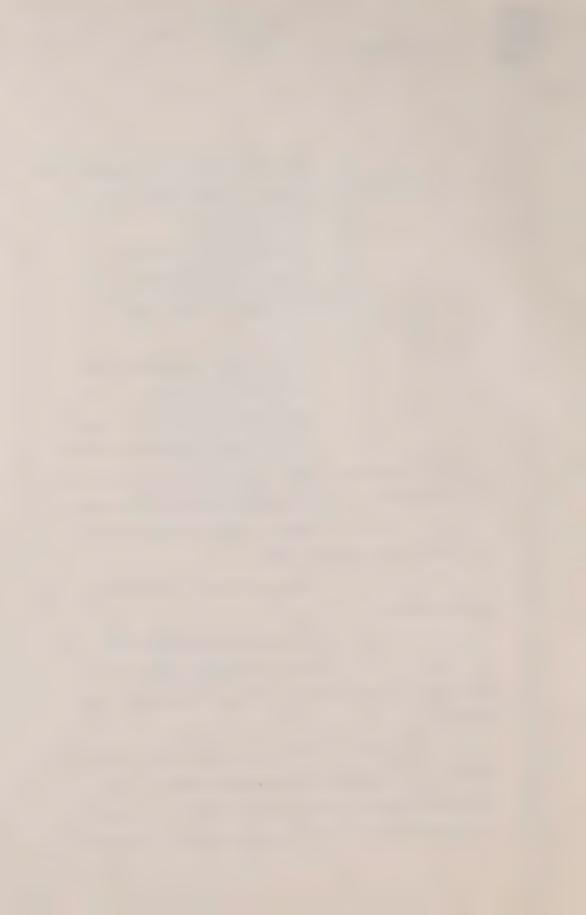
- Α. Yes.
- 0. When was that, Doctor.
- A. July 1978. That is correct.
- What position did you assume at 0. that Medical Centre?
 - Paediatrics. First year paediatric Α.
- On July 1st, 1980, as I understand it you left the Janeway Centre and joined the Hospital for Sick Children here in Toronto, as a third year paediatric resident?
 - That's correct.
- As a third year paediatrics resident at the Hospital for Sick Children, Dr. Kantak, you were assigned, I gather, for one month on a rotation basis to the cardiac wards, wards 4A and B?
 - That's correct.
- I have been informed that your particular assignment, by way of rotation on the cardiac wards, commenced March 3rd, 1981, and was complete on March 31st, 1981?
 - That's correct. Α.



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		Q.	You	rei	main	ned	at	the	Н	ospital	for
Sick	Children	until	the	end	of	Jur	ne,	1981	L,	Doctor?)

- A. That's correct.
- Q. Where did you go then?
- A. I went to the Chief Resident at the Janeway Child Health Centre in St. Johns,
 Newfoundland.
 - Q. You returned to Newfoundland?
 - A. Yes, that's correct.
 - Q. How long did you remain there?
- A. I was there for about 9 months and then from there I went, as a Clinical Fellow, to the University of Texas Medical Branch in Galveston.
- Q. Are you still at the University of Texas in Galveston, Texas?
- A. That is correct. This is my third year in Texas.
 - What is your position now?
- A. I am a Research Fellow in the Department of Paediatrics, Division of Allergy and Immunology.
- Q. Doctor, you have been kind enough through your Counsel to provide me a copy of your curriculum vitae. I am going to ask you to examine it, if you would, and, if at all possible identify it



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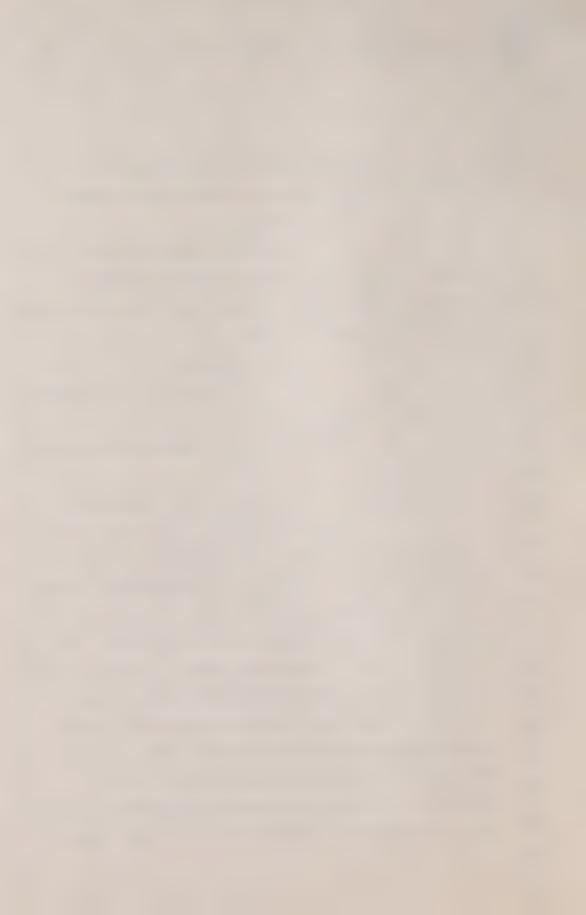
as accurately setting out your educational and professional background as we have just reviewed it.

- A. Thank you.
- Q. Forgive me, Doctor, I appear to be perhaps for the first time in 11 months trapped in the corner here, so could you tell me if the curriculum vitae is as I have suggested?
 - A. That is correct.
- 2. So, I would ask that it be marked as the next Exhibit, please.

THE COMMISSIONER: Just in time to give

---EXHIBIT NO. 415 Curriculum Vitae of Dr. Kantak.

MS. CRONK: Thank you, sir. Dr. Kantak I would ask you to think back if you would to certain of the events at the Hospital for Sick Children on the cardiac wards during the period July, 1980, when you started at the Hospital until the end of March, 1981, and in particular, we are interested in certain of the events which occurred while you were serving as a third year paediatrics resident on the ward, that is the events during the month of March, 1981. As I understand it, Doctor, you were on call in your capacity, as a third year paediatricsresident on wards 4A, 4B, on Wednesday, March 11th, 1981, when a patient



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by the name of Kevin Pacsai was admitted to ward 4B; is that correct?

- A. That's correct.
- Q. Do you remember this patient,

Doctor

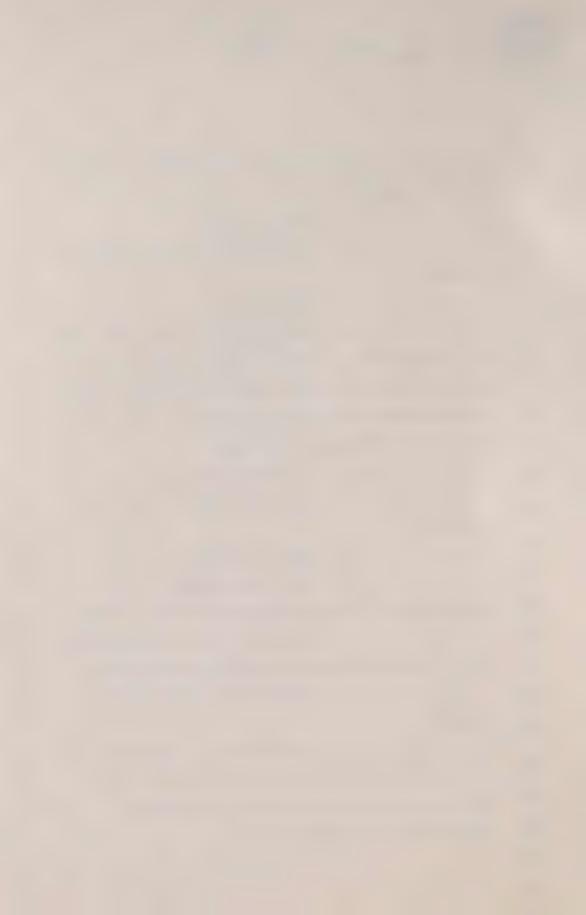
- A. Very well.
- Q. We know, Doctor that Kevin Pacsai was admitted to the Hospital for Sick Children and examined initially by Dr. Jeffrey Kobayashi, who has testified here before the Commission. He was one of
 - A. I know him very well.
 - Q. And he was one of your Fellow

residents?

- A. That is correct.
- Q. Were you involved in the admission and initial examination of Kevin Pacsai?
- A. No, he did the initial admission and the examination and he saw the patient first.
 - Q. When did you first see Kevin

Pacsai?

A. I was on call, so Jeff gave me over of the patient at about 5:00 or 6:00 o'clock in the evening and since that time I assumed responsibility of Kevin Pacsai.



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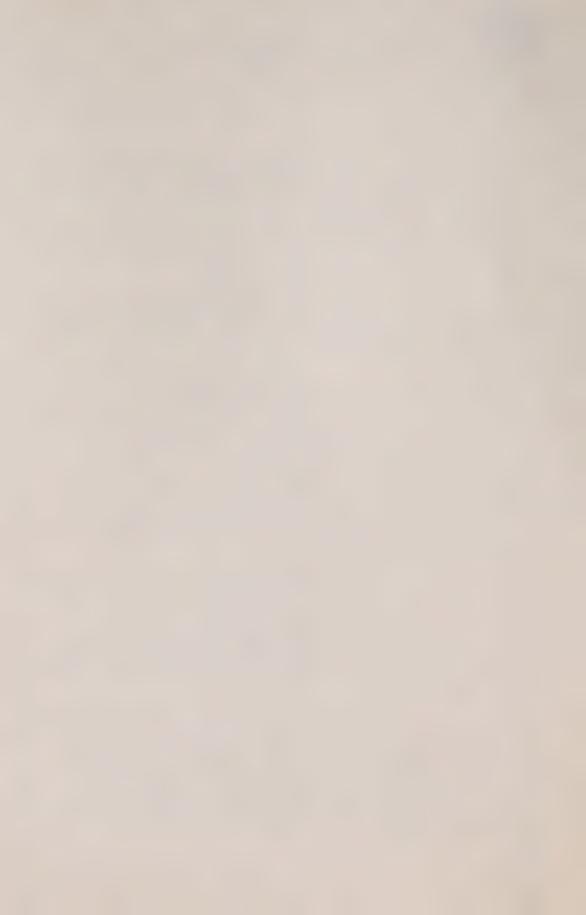
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	Q. When you say when Jeff gave you
over I take it	you mean Dr. Kobayashi turned over patien
responsibility	to you at about 5:00 or 6:00 p.m. in
the evening on	Wednesday, March 11th?

- Α. That's correct.
- Did you shortly after the turn over have occasion to personally observe and examine Kevin Pacsai?
 - A. Yes, many times.
- Let's talk about the first time 0. if we might. Did you see him for the first time shortly after the turn over?
- A. Yes. During the turn over we give over around the bed, so I saw the child at that time, the first time.
 - Dr. Kobayashi was with you then? 0.
 - That's correct. A.
- What was your impression of 0. Kevin Pacsai's condition, as you observed it at that time?
- Kevin was stable at the time I saw him. As I stated, by stable I mean that his heart rate was regular. He looked pink. He was active. He was sucking and everything at that time, looked normal on him.



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		Q.	What	. Wa	as i	the	plan	for	Kevin'	S
reatment	at	that	stage,	as	yor	u u	nderst	cood	it?	

A. Well, Kevin had an IV going, intravenous going and the fluid maintained on him was very low just to keep the IV open. He was on feeds. He was taking feeds and the plan was to investigate the cause of his -- with which he was transferred to Hamilton McMaster University in a shock like state. He was transferred from Hamilton to the Hospital for Sick Children for investigation of his shock like state.

- Q. For observation, I take it and investigation as to what caused that state?
 - That's correct. A.
- Did you see any clinical symptoms Q. of that state when you first observed the child?

A. No, not at all. He was stable.





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	Q.		Doct	or,	do	you	have	Kevin
Pacsai's	medical	chart	there	in	fron	t of	you?	

- A. Yes, I think I do.
- Q. That is Exhibit 106?
- A. That's correct.
- Q. Could I ask you to turn to

page : you would, please, Doctor.

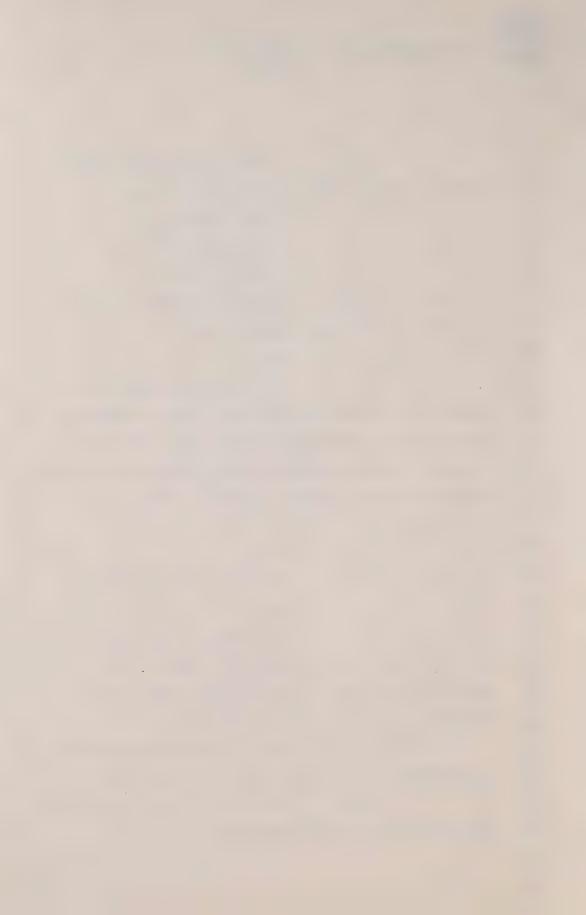
A. Yes.

Q. You will see at page 75,

Doctor, that before Dr. Kobayashi left on Wednesday,
March 11th, he had ordered what he has told us was
a general cardiac work-up on Kevin Pacsai, and to that
end had ordered a number of specific tests to be
undertaken?

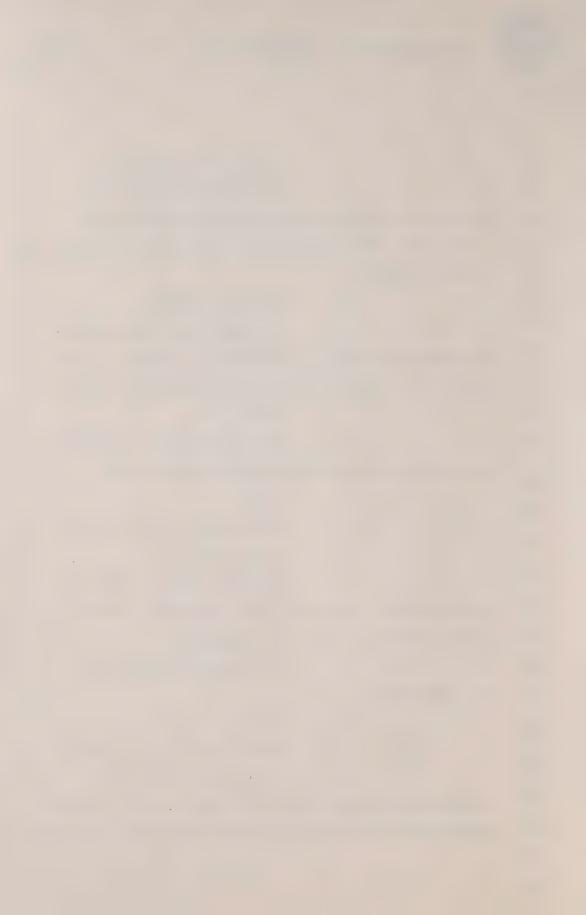
A. Sure.

- Q. Do you see that answer?
- A. Yes.
- Q. And these we have been told are the orders that Dr. Kobayashi made at that time. Were you made aware by Dr. Kobayashi that he had ordered a series of tests for Kevin?
- A. Yes.I w as supposed to check on them when the results came in that evening.
- Q. And I take it you did discuss then the orders of Dr. Kobayashi?





1	
2	Yes, that is correct.
3	Q. And as I have heard what
4	you said he instructed you to wait and obtain the
	results and something the matter further when the results
5	Ward average
6	That is correct.
7	
8	You will note that amongst
9	the orders made by Dr. Kobayashi, Dr. Kantak, is an
	order for a digoxin level. Do you see that answer?
10	A. Yes, I do.
11	Q. He also ordered a maintenance
12	dose of digoxin to be prescribed to the child?
13	Yes.
14	Do you see that as well?
15	A. That's correct.
	Q. Were you aware at the time
16	of taking over the care of this child that those
17	orders had been made by Dr. Kobayashi?
18	A. The orders had been made by
19	Dr. Kobayaan.
20	Q. Yes.
	A. Yes, I was aware of those.
21	Q. All right. Was it your
22	understanding then, Doctor, at that time that Kevin
23	Pacsai was to be started on digoxin therapy that night?





Yes, that's correct.

Did you have any discussion with Dr. Kobayashi before he left the ward about holding Kevs. acsai's digoxin treatments until the ligoxin level had been obtained?

I don't recallect that. I

Do you recall one way or the recall that it did not happen?

I recall it did not happen.

. What was your understanding

the co why a level had been ordered?

Well, he was on digoxin when he was treat from Hamilton and we continued digoxin and as a half obtain a level as on any cardiac ward patient. All patients who were on digoxin, he would order a digoxin level, done every week or just to monitor the lightin.

2. As a matter of standard practice you are suggesting?

A. That is correct.

Q. We have heard from Dr.

Kobayashi that although he ordered a digoxin level at that time and as well maintenance digoxin therapy was to be started, he had an oral discussion as he





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recalls it with the nurses on the ward and indicated that digoxin was not in fact to be given to the child until the results of that level came back.

were you aware of that, Doctor?

I do not recollect that. I

not remember that

Do I take from that that it was your mine standing when Dr. Kobayashi left the ward that in hild was in fact to receive digoxin that every

I'm not sure. I don't know.

You don't remember either

No.

Do you remember any specific discussion with Dr. Kobayashi at all concerning digoxin for that child before Dr. Kobayashi left?

No, I don't remember.

Was there anything about

Kevin Pacsai's clinical condition that you observed

at approximately 6:00 o'clock that night, Doctor,

which caused you any degree of concern with respect to

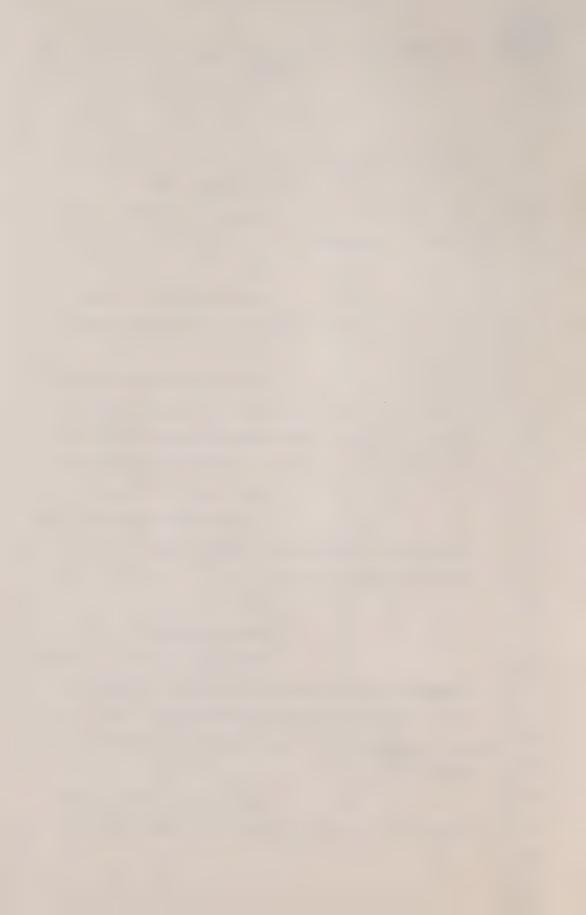
digoxin or the digoxin therapy -

A. No.

Q. - that you knew that he had



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	2	been on at McMa	ster?			
	3		Α.	No, n	ot at all.	
	4		Q.	He wa	s not manife	sting any
	5	symptoms at tha	t time -			
	6		Α.	No.		
	7		Ω.		t caused you	
	8	concerned about	that dru	gs inf	luence on th	e child?
	9			No.		
					you had exa	
	10	for that first t				
	11	during the cours				
	12	the various test				
	13				that is corre	
	14	learned the resu			remember n	
	15	set out at pages		ie vari	ous tests t	nat are
	16	A		Yes.		
	17				as that?	
		A			9:00 o'clock	T received
	18	somewhere around				
	19	results of elect				
	20 BIII	N and creatinine,				
	21	checked those.				
	22		•	And in	your view d	lid the
	23	results cause you	u any con	cern?	Was there a	nything
	24					





Marine Auditoria and a second	
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2	manifested in the test results that caused you any
3 ;	level of concern with respect to the child ?
4	A. No.
5	• Were the results on all of
6	those tests normal?
7	A. Yes.
	Q. And I take it, perhaps you
8	can tell me, did you receive during the course of
9.	the evening the results from the digoxin level that
10	had been ordered
11 .	A. No.
12 "	Q. To your knowledge was that
	test in fact undertaken that night or was it to be

test in fact undertaken that night or was it to be one the rest asy.

A. I'm not sure of that, if

blood was taken for digoxin level or not; I do not know that.

Q. Well, before Dr. Kobayashi

left the ward, Doctor, when you were discussing these
orders with him, did you see anyone take a blood
specimen for the purposes of digoxin level?

A. I not remember having anyone taking blood from him, but I got the result, I was supposed to check on the results and I checked those results supposed to be - results which would be obtained





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on that day. I checked those.

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And you told us that that Hid not in the results of a digoxin level?

> A. No.

Q. All right. And when you say you do not recall anyone taking blood, am I correct that for the prises of the other tests that Dr. Krasyasni a hard certainly blood samples would have had to be taken?

Sure.

All right. And when I asked you whather you saw blood being taken for the purposes of a digoxin level, did you see blood unedimens alon at all?

A. No.

All right. Doctor, did you is that came . I'm corry, were you at that time aware of the digoxin level or levels that had been recorded on this chill . . . me referring Hospital before he arrived?

Yes, that is correct. I A . was aware of 1.2 to my recollection which is within normal limits, and I do not have any problems with starting digoxin on that child with those levels.

Q. All right. Under those





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of 1.3 which you describe as being within the normal range?

Sure.

That was at the referring

Yes.

q.

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And you knew Dr. Kobayashi

had ordered digizan therapy?

That is correct.

You didn't know anything about his oral instructions to hold digoxin until the level camek?

That's correct.

Do I have that correctly?

Yes.

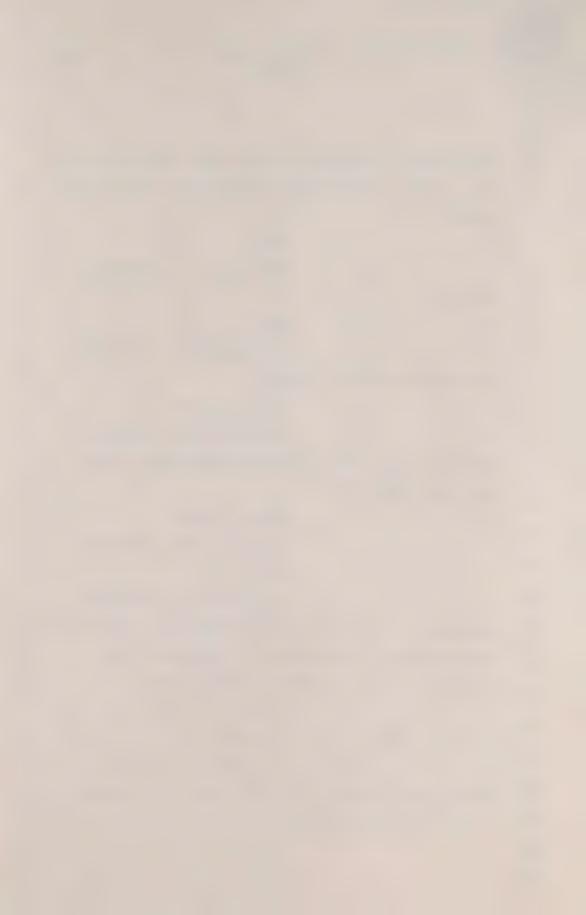
In your own mind were you concerned at all about starting digoxin on that child that evening in the absence of knowing what his digoxin level at the time of admission was?

A. That's correct.

Q. I'm sorry.

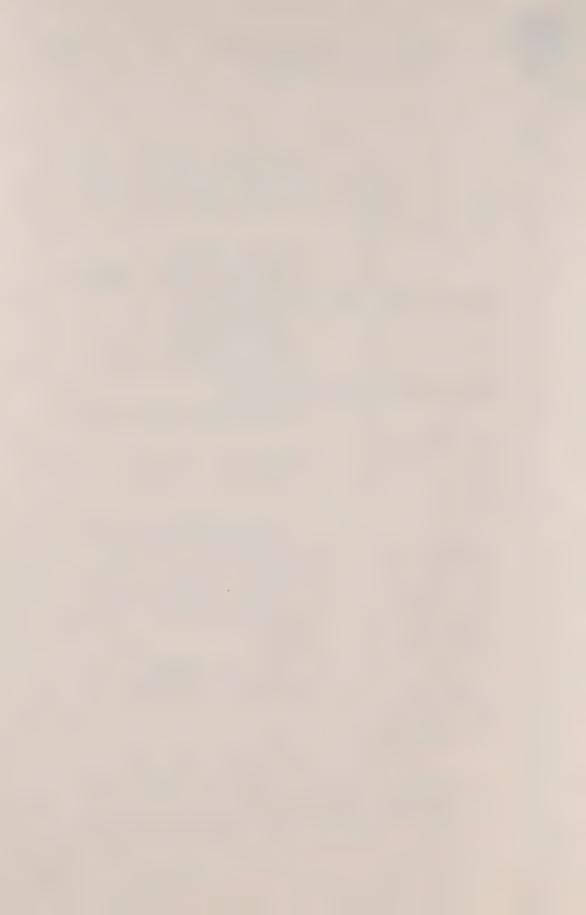
A. I was not - I was not -

digoxin was started on him and I was not concerned that digoxin was started .



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2	Q. All right. Doctor, at some
3	point that evening did you leave the ward to attempt
4	
5	A. That is correct.
6	
7	throughout the course of the whole night?
8	A. That's correct.
9	Q. Do you remember now what
	time it was when you left the ward?
10	ADOUT 12:30 , 1:00 0 Clock
11	
12	
13	you go? A. I went to the fourth floor
14	A. I went to the fourth floor in the resident's quarters just around the corner in
15	the central core of the building, Hospital for Sick
16	Children which are the quarters provided for the
17	residents, those who are on call.
18	Q. And as you remember it now
19	it was about 12:30 or 1:00 o'clock in the morning
20	when you left?
	A. Yes.
21	Q. Could it have been a little
22	bit earlier or a little bit later, Doctor?
23	A. No, it would be a little



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bit later rather than earlier. About 1:00 , 1:30 I
would think.

Q. Well, Doctor, I am not sure that there is any magic in the precise time.

A. Yes.

Q. But I would welcome your best recollection today as to when you left the ward?

A. 1:30.

Q. 1:30?

A. Yes.

Q. Doctor, do you recall after the events of March, 1981 being asked, and indeed testifing at the preliminary hearing involving Susan Nelles?

A. Yes.

Q. All right. I don't think it necessary to refer you to the exact portion of your evidence, but it is found, Mr. Commissioner at Volume 25(2) at page 10, and I am going to suggest to you, Dr. Kantak, when asked the same question at the preliminary hearing you indicated you left the ward at about midnight.

Do you remember being asked a question of that type and giving that answer?

A. That is correct. I recall

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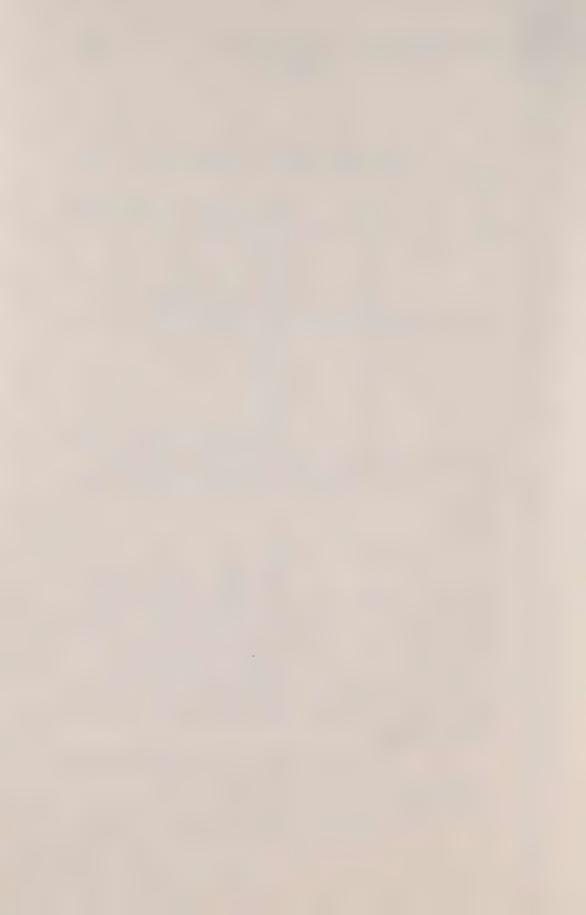
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that I said 12:00, 12:30, but, you know, you could be half an hour here and there. If you asked me one question I would say 1:00, 1:30.

Q. All right. That's the point of my concern.

A. Sure.

Q. You told me initially it was as you remember it about 12:30 or 1:00 o'clock in the morning?

A. That's correct.

Q. Right. And then I asked you whether it could have been a little bit earlier or a little bit later.

A. Yes.

Q. Do I take it that you are now saying that it could have been, it could have been a little before 12:30, a little after 1:00 o'clock or do you in fact remember?

A. 1:00 o'clock, 1:30. I would stick to 1:30.

Q. All right. Doctor, in fairness I am obliged to ask you are you guessing now?

A. No.

Q. Or is that your best recollection of when you left the ward that night?





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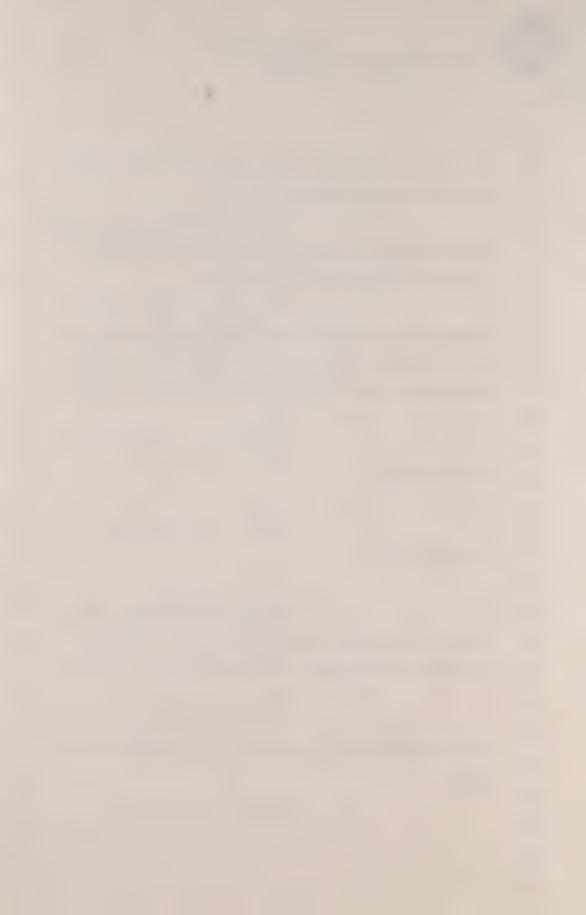
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2	A. No, I'm not guessing. That
3	is the best recollection I have.
4	Q. When did you normally leave
5	the ward to try and get some sleep when you were
6	working on call on the night hours?
7	A. That's the time. Always
8	1:00, 1:30 was the time I used to leave the ward.
0	Q. All right. I take it then
9	you do not think on this particular occasion you
10	left the ward as early as midnight?
11	. A. No.
12	Q. Before you did leave the
13	ward did you have occasion to see Kevin Pacsai again?
	A. Yes.
14	Q. How did that come about?
15	A. Well, just before I go to
16	sleep I usually take a round in the ward, 4A and 4B,
17	talk to the nurses, any problems on the ward, and then
18	I leave the ward.
19	Q. That was your normal practice
20	A. That is right.
	Q. And did you observe that
21	practice that night?
22	A. Yes.
23	Q. And in the course of that





25

1 2 did you both see Kevin Pacsai personally and discuss 3 him with the nurses then on duty? A. Yes. I remember having seen 4 Pacsai and not discussing his condition because his 5 condition looked normal at that time. 6 0. That was my next question, 7 Doctor. Did you observe anything at all at that time 8 before leaving the ward to get some sleep that you 9 considered to be abnormal in Kevin Pacsai's condition? 10 A. No. Q. Was he on a cardiac monitor 11 at that stage? 12 Α. Yes. 13 Right. Were the monitor 0. 14 readings normal? 15 A. Yes. 16 Had his condition in any 0. way in your judgment. changed from that which you 17 had observed throughout the course of the evening? 18 Α. No. 19 Was there anything in his 0. 20 heart rate that you considered to be notable at that 21 time? 22 Not at all. A. 23



C-1

Q. Was	it	normal	in	your	view:
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A. Yes.

Q. I would ask you to turn to page 65 of his chart if you would please. Do you have that?

A. Yes.

Q. I'm going to refer you Doctor first to the nursing note which appears at the top of page 65.

A. Right.

Q. It appears to have been made by Nurse Susan Nelles, and the time you will see is from 1900 hours on March 11th to 3:45 in the morning on March 12th; do you see that?

A. Yes.

Q. I will refer you specifically to Ms. Nelles' note concerning the child's apex or heart rate; and you will see that she has observed or recorded that the heart rate was ranging from 151 when the child was upset down to 87 when the child was asleep. That the babe had slow, fast, irregularity on three occasions up until approximately 3:45 o'clock in the morning, do you see that?

A. That's correct.



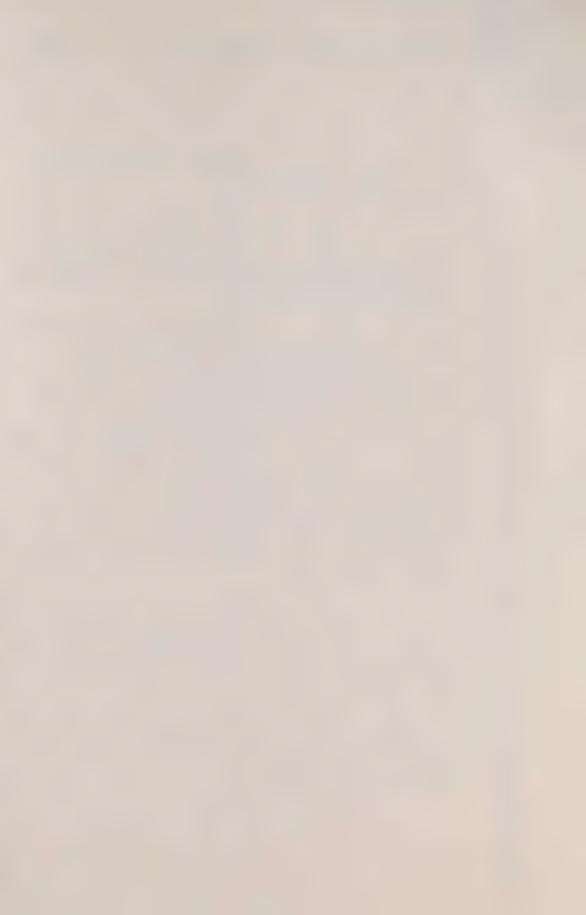
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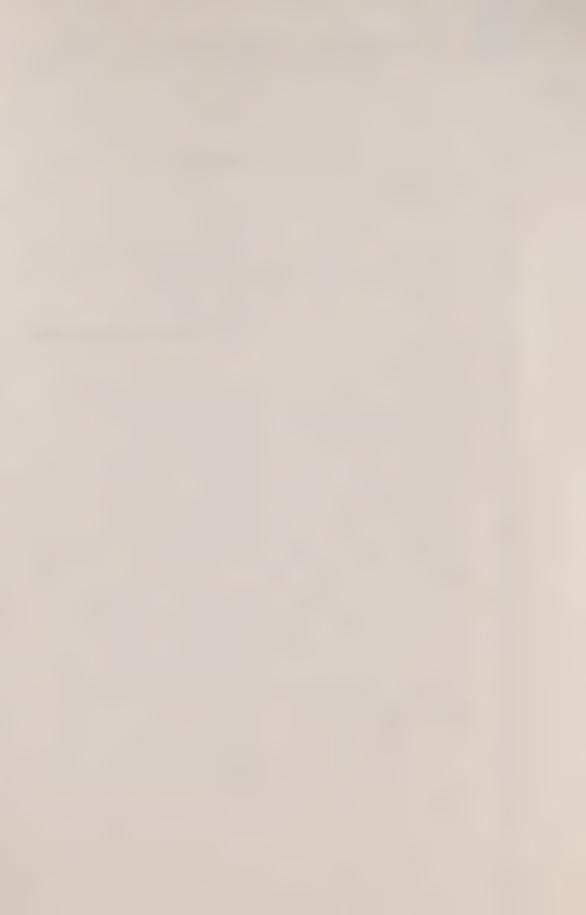
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2	Q. Correct in the sense that
3	that is what the note reads?
4	A. Yes.
5	Q. Doctor before you left the
6	ward to go to sleep, did you notice any irregularity
7	in Kevin Pacsai's heart rate?
	A. This is not an irregularity
8	the heart rate from 87 to 151; when he is upset a
9	heart rate of 120-30-40 is normal for infants when
10	they are resting and peaceful the heart rate could
11	go up to 90, so that I consider as a normal heart rate.
12	Q. Doctor, let me ask you the
13	question this way. Before you left the ward that
	night were you aware that Kevin Pacsai's heart rate
14	was fluctuating in the manner suggested and recorded
15	by Miss Nelles' note?
16	A. Yes.
17	Q. And you did not consider,
8	or were you aware that it had been fluctuating at
9	times as high was 150?
20	A. Yes.
	Q. Were you aware as well that
21	it has gone down as low as 87?
22	A. Sure.



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2	Q. That range you consider to	
3	be normal?	
4	A. Yes.	
5	Q. Were you subsequently called	
6	upon to return to the ward that night?	
7	A. Yes, correct.	
8	Q. And how did that come about	
	please?	en rep
9	A. Well, I was called to	-
10	attend another patient who had an emergency, Baby	
11	Manojlovich who they called a code on and I came	
12	to assist in the code. By the time I arrived on the war	ď
13	it was about 3:00 o'clock in the morning, 2:30 o'clock,	3:01
14	o'clock, I don't know exactly again. I came to the ward	
15	and there was a 25 code called already, so there were	
	people who were assisting in that code, for that code.	
16	I went and I stood by if they wanted information on	
17	the child because I was in charge of the ward.	
18	Q. By the time that you came	
19	back from the ward Doctor and you say there were	
20	people already there?	
21	A. Yes.	
	Q. Was the Arrest Team already	

there?



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2	A. Yes, the Arrest Team was
3	there specifically.
4	Q. And were they in the course
5	of attempting to resuscitate the baby?
6	A. That's correct.
7	Q. Mr. Registrar could you
	show the Doctor if you would please Michelle
8	Manojlovich's chart, and it is Volume 1, Exhibit 111.
9	Doctor, I would ask you to look first if you would
10	please at page 181 of the chart.
11	A. That's correct.
12	Q. Page 181, do you have that
13	Doctor?
14	A. That is correct.
	Q. I'm having difficulty reading
15	it from here, it appears from this distance to be
16	a different page than the one I am looking at, is
17	it not page 181?
18	A. Yes.
19	Q. I would ask you to look at
20	the nursing note which appears there.
21	A. Yes.
	Q. Dated the 12th of March,
22	1981, do you see that?
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A.	Yes,	1	do.

0. The nursing note suggests that at 2:00 o'clock the vital signs were recorded, the child's apex was 114 and the respiration was 48, and the babe was fine until 2:30 o'clock, a code 25 was called, the Arrest Team arrived and CPR was stopped at 3:35 o'clock, do you see that?

> Α. That is correct.

0. That suggests Doctor that at approximately 2:30 in the morning that the code 25 was called.

> Α. Yes.

Q. Do you see that?

Yes. Α.

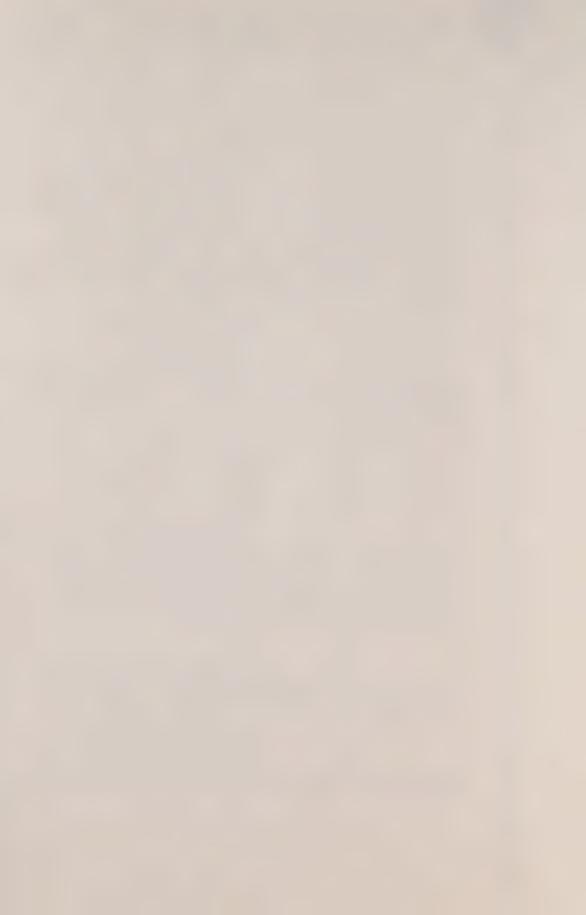
0. I would ask you to turn back to the prior page if you would please. There is a note which appears in the second half of the page and continues over to page 181.

> Yes. A.

Q. Is that your note Doctor of the event surrounding that child's arrest?

> Yes, that is the note. A.

And you will note that the Q. note that you made is - at least the time entry reads



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3:00 in the morning.

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Yes.

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Q. And you indicated you were called to a code 25 and then you go on the describe the child's condition; do you see that?

A. That's correct.

Q. Then finally Doctor I would ask you to look at page 183 if you would.

A. Yes.

Q. Which I suggest is a note that appears to have been made by Dr. Costigan.

A. That's correct.

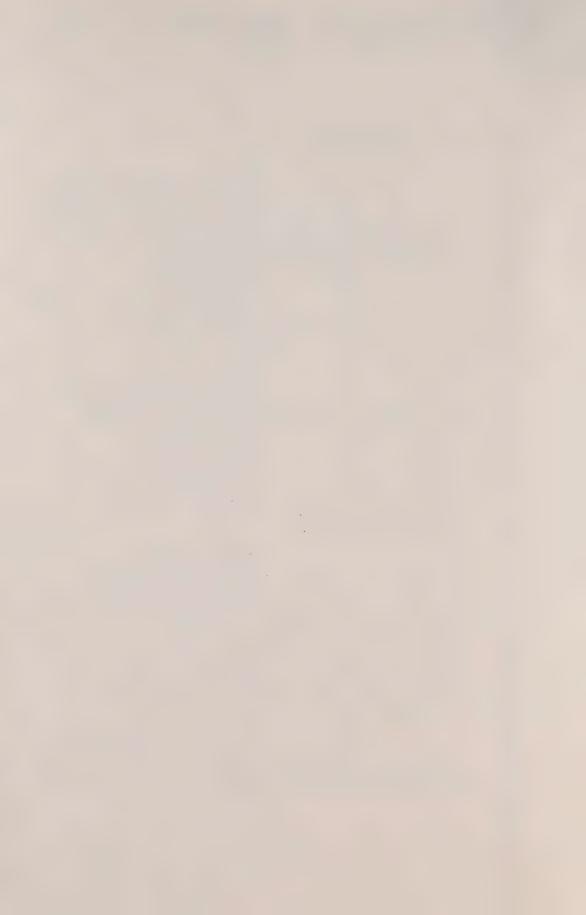
Q. And he indicates that he was called to a code 25 on 4B for this child at 2:35 in the morning.

A. That's correct.

Q. Doctor I'm interested only to establish the time insofar as we can as to when you returned to the ward, and I take it I can fairly suggest on the basis of this record that it was sometime after 2:35 o'clock in the morning.

A. That is correct.

Q. Was it your custom Doctor when making notes in the medical record of a patient



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to record the time at which you arrived on the ward and observed the child, or rather the time at which you were actually making the note?

Α. Well usually the time I arrive on the ward, but you know, these notes are written after I have attended the child, so maybe I may have seen the time at that time and written the note at that time.

0. So sometime then you arrived. between 2:35 o'clock in the morning and 3:00 o'clock. when you made your note?

> Α. Yes.

Did you actually attend 0. in Michelle Manojlovich's room and observe the people who were attempting to resuscitate the child?

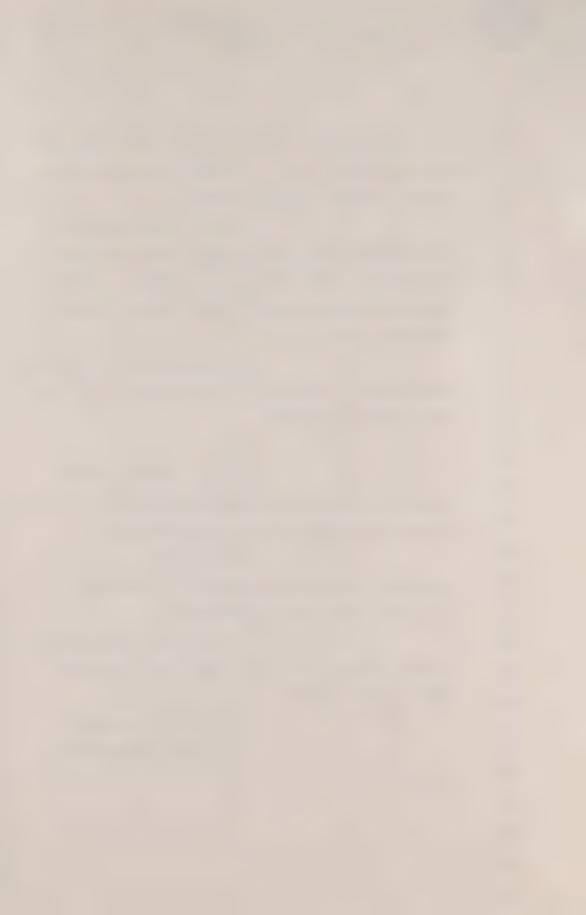
Α. That's right. I did not participate in the resuscitation of Manojlovich but I was there if they needed help.

Do you recall now, Doctor, who was present in the room other than the Arrest Team when you arrived?

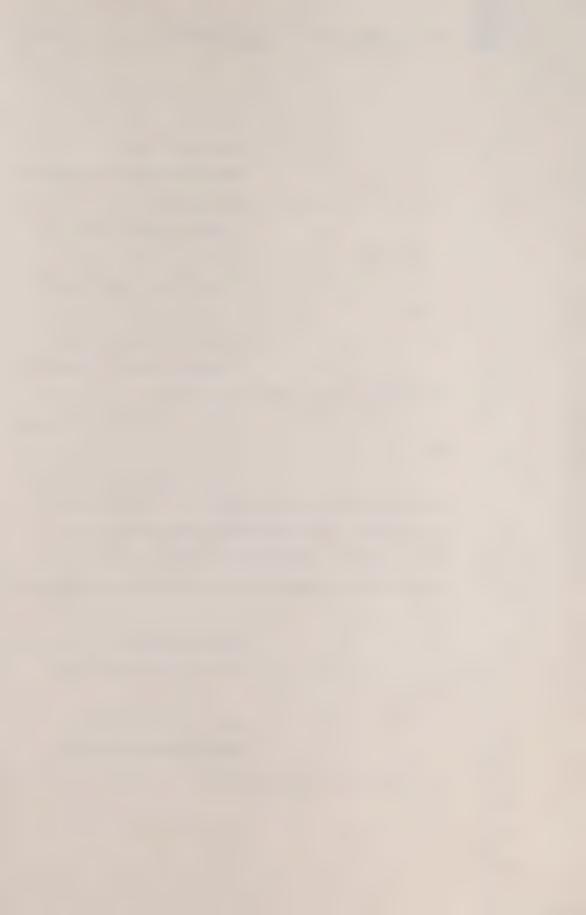
> A . No, I do not recollect.

Do you know Nurse Susan 0.

Nelles?

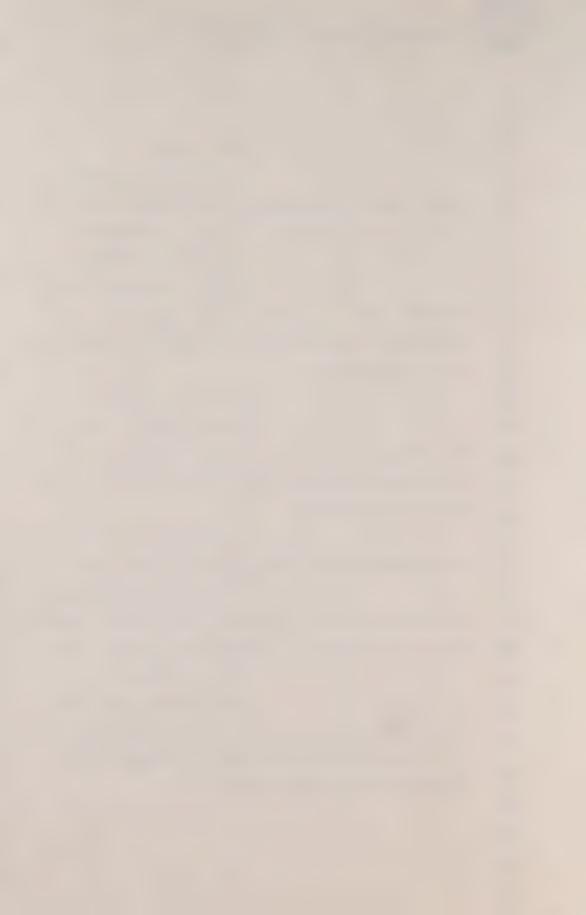


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2	A. Very well, yes.	
3	Q. Was she present in Michell	е
4	Manojlovich's room when you arrived?	
5	A. I think she was, but I	
6	am not sure.	
7	Q. Do you know Nurse Phyllis	
8	Trayner?	
	A. I know her well, yes.	
9	Q. Was she present in Michelle	9
10	Manojlovich's room when you arrived?	
11	A. Again I think she was prese	ent,
12	yes.	
13	Q. You say you think that both	ı
	Ms. Nelles and Mrs. Trayner were in the room when	
14	you arrived. Let us deal with Miss Nelles first.	
15	Did you remain throughout the entire arrest and	
16	resuscitation procedure until the child was pronounce	ced
17	dead?	
18	A. That is correct.	
19	Q. You were there the whole	
20	time?	
	A. Yes.	
21	Q. And you were there when	
22	the child was pronounced dead?	
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2	A. That's right.
3	Q. Was Miss Nelles in the
4	room from the time that you arrived until the
5	child was pronounced dead, or do you remember?
6	A. No, I don't remember.
7	Q. Similarly was Mrs. Trayner
8	was Mrs. Trayn in the room from the time you
	arrived until the time the child was pronounced dead
9	or do you remember?
10	A. No, I don't remember.
11	Q. When you say you think
12	Mrs. Trayner was in the room when you arrived, do
13	you remember observing her actually in the room, or
14	was she by the door?
15	A. I remember her in the room,
16	both Susan as well as Trayner was in the room.
17	Q. I take it then you cannot help us, however, as to how long either woman remained
18	in the room during the course of the resuscitation?
	A. That is correct.
19	Q. After the child had been
20	pronounced dead, Doctor, and I take it you were stil
21	in the room at that time, do you remember noting
22	then which nurses were present?



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0. And I take it there would have been a number of nurses present in addition to Nurse Susan Nelles and Mrs. Trayner if they were there?

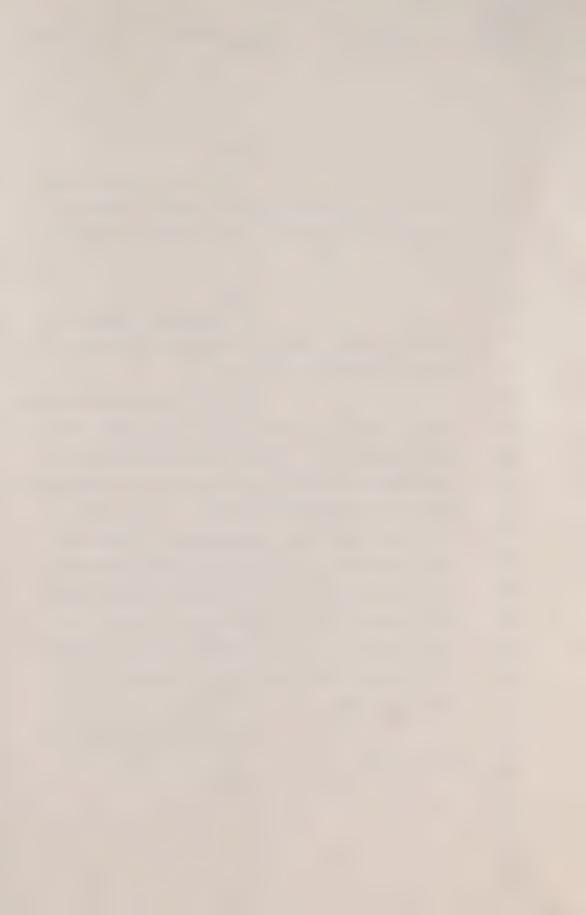
> Α. Yes.

0. Did you have occasion to see Kevin Paksai again after Michelle Manojlovich had been pronounced dead Doctor?

Well what happened was after Α. I had - after Baby Manojlovich was pronounced dead, Susan Nelles came to me and told me that Kevin had been having a problem that the heart rate was dropping off and on to a considerable degree. At that time I went to see Kevin and I found that he looked again pink, his heart rate at that time, plus when I saw it the first time was normal around 110, 120, there was no problem, he was breathing all right. So I observed him for some time and he did have episodes of bradycardia and a heart rate of about 60 to 70, that is correct.

0. Could we stop there for a moment Doctor?

> A. Okay.



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Q.	Is it your recollection	
that Miss Nelles came t	co you and expressed this	
concern about Kevin Pac	csai after Michelle Manojlov	vich
had been pronouced de	ead?	

A. Yes.

Q. The resuscitation procedure for that child was not still ongoing?

A. No.

Q. As we have seen from the nursing note made by Miss Nelles on Michelle

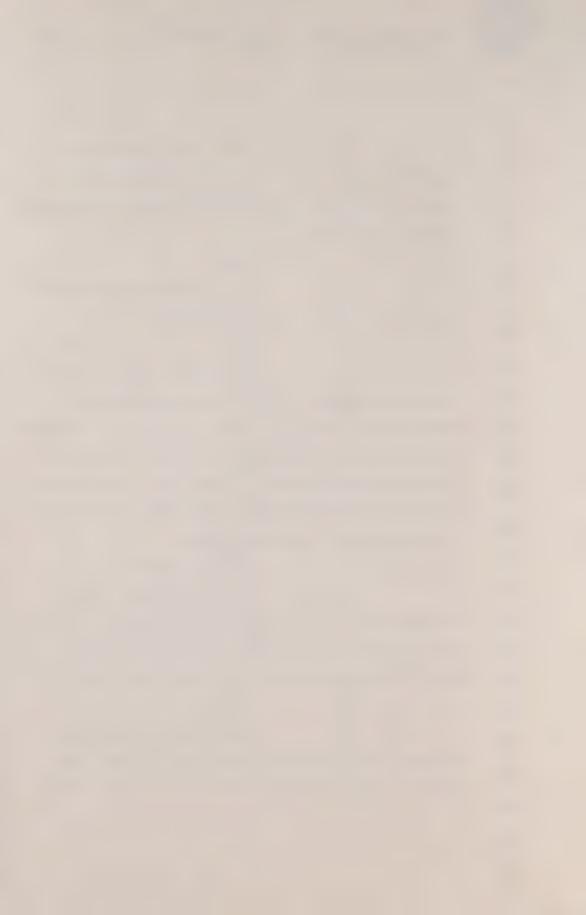
Manojlovich's chart - I'm sorry it is not a note made by her, it is the nursing note that I referred to you, that cardiopulmonary resuscitation for Michelle Manojlovich had stopped at approximately 3:35 o'clock in the morning, do you recall that?

A. That is correct.

Q. Would it be fair of me
to suggest then that it was sometime after 3:35 o'clock
in the morning that you had this discussion with
Miss Nelles and then went in to see Kevin Pacsai?

A. That is correct.

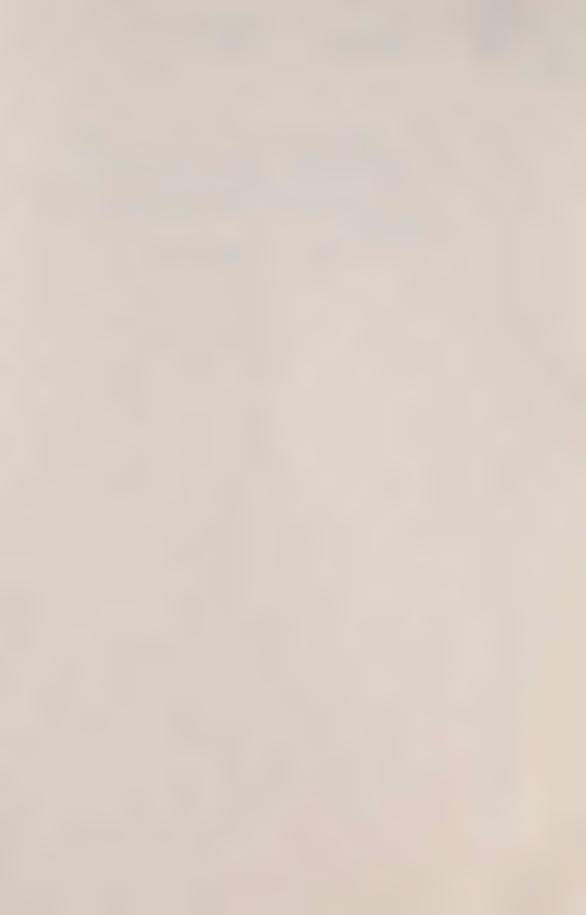
Q. Could I ask you to look at Kevin Pacsai's medical chart again, this time page 65, and I am going to refer you Doctor to the



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to the second nursing note on that page, this is the nursing note that covers the period from 3:45 o'clock in the morning until 6:00 o'clock a.m., do you see that?

Yes. I do.



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And the very first note that is recorded, and this happens to be a nursing note by Miss Nelles, has to do with nutrition and it indicates at approximately 4:00 a.m. an attempt was made to feed the baby and its behaviour was entirely different from the other two times.

She goes on to describe what his behaviour was at that point in time. Doctor, when you went into see Kevin Pacsai, as a result of Ms. Nelles' request. was she in the course of feeding the child?

A. No.

Did you observe her feeding the child at any point that morning?

> Α. No.

O. Did she tell you whether or not she had just completed a feeding?

A. Well, she didn't tell me and what I did was, after I saw she had bradycardia I discussed this case with the Fellow, Dr. Ning and we planned on stopping her, stopping his feeds.

O. I take it, then, that if Ms. Nelles, as the note suggested, and, indeed as she testified, attempted to feed the baby at 4:00 o'clock in the morning it would have been before she came to you and asked you to come in to see the baby?





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A.	Yes,	maybe
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- Q. Was there anyone with you other than Ms. Nelles or indeed, was Ms. Nelles there when you were examining the baby?
- A. Yes, Ms. Nelles was there when I was examining the baby.
- Q. All right. Was there anyone else present when you went in to examine the baby?
- A. I don't recollect anybody being there, but from that time onwards several of us, several of our Doctors saw the child. I saw with Dr. Ning. I saw alone and with Dr. Ning and then Dr. Costigan. Off and on we have been seeing the baby alone, as well as with other people.
- Q. Doctor, the very first time you saw the baby after Ms. Nelles came to you, do you recall Mrs. Traynor being there?
 - A. No, I don't recall.
- Q. All right. Dealing with the same time, do you remember whether or not Dr. Costigan was present?
- A. Dr. Costigan was there, but not for the first time. I saw the child alone, the infant alone for the first time and then I saw with Dr. Costigan and I saw with Dr. Ning.



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symptoms?

Q. We will come then to the later discussions with Dr. Costigan and Dr. Ning. I take it neither of those two physicians were with you the very first time you examined the baby?

A. No, that is correct.

Q. You have told us that when you first observed Kevin he appeared to be normal, he was pink, his heart rate was approximately 110?

A. Yes.

Q. And there was no difficulty or any degree of concern that would attached to those symptoms?

A. That is right.

Q. I take it you remained with the child for a few moments and during the course of that time you did observe a slower heart rate?

A. That's correct.

Q. Other than a slower heart rate could that be appropriately described as bradycardia?

A. Yes. It would go to about 60 and he recorded a little bit of stimulation so he would pick up that rate.

Q. Did you at that time, Doctor, observe any bouts of tachycardia?

A. No, not tachycardia. More of bradycardia.



		Q.	Did	i yo	ou at	that	i ti	ime,	observ
what mi	ght be	descri	bed	of	any	form	of	cond	uction
block o	r abnor	rmality	on	the	car	diac	mor	nitor	strip

A. No. In fact, I looked for it and I didn't find any.

Q. Do I have it correctly then the only abnormality that you observed was this slowing heart rate?

A. That's right.

Q. Would did you do then as a result of having observed that?

A. I discussed with Dr. Ning, who was already there, because of the other baby, the other child, and we did a full EKG on the child just to make sure he didn't have any conduction block and the EKG appeared completely normal. We sat down and saw the EKG, spent considerable time on it and then we decided that we should stop the digoxin on the child, on Kevin I mean, and observe him and stop his feeds and increase his IV rate so that he gets enough fluids.

Q. Was Dr. Ning with you in the room observing the child at this point?

A. Yes. He did observe on several occasions.



Dr. Kantak?

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Q. Let's talk about this occasion,

A. Yes.

Q. After you had seen the baby did you then go and get Dr. Ning or did he join you in the child's room?

A. I got him and we both saw the child together.

Q. And Dr. Ning with you personally observed the child further at that stage?

A. That's correct.

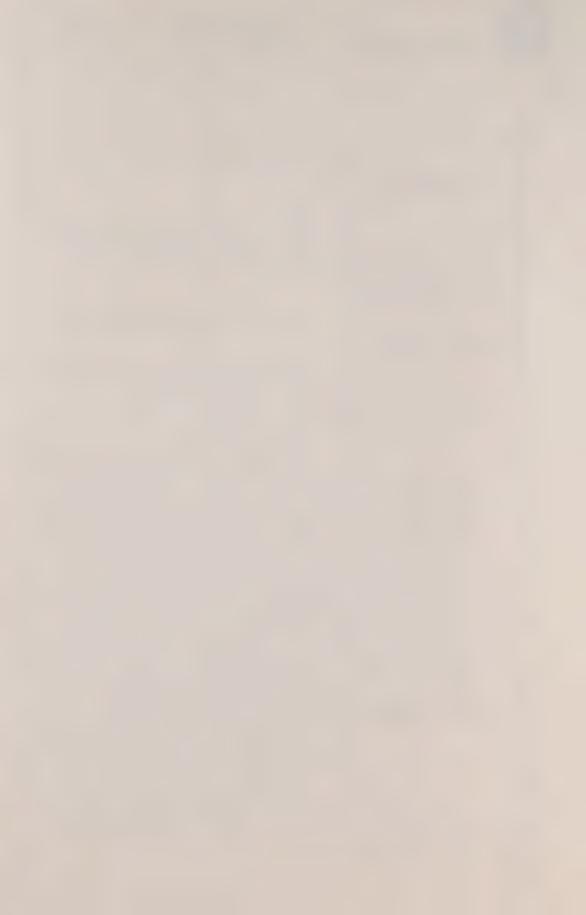
Q. All right. Doctor, you will recall that I have drawn your attention to the nursing note made by Ms. Nelles earlier on the night which covered the period from 1900 hours to 3:45 in the morning and you will remember that we talked about the apex that she recorded at that time, that it was fluxuating from 151 down to 87 when the child was asleep, with the bouts of bradycardia or the slowing heart rate which you observed at about 4:00 o'clock in the morning when the child was awake or when the child was asleep?

A. The child was in the sense asleep.

Q. All right. Doctor, my question --

A. But he had a transient period.

I don't know -- what is the question again? Sorry I don't understand it.





- Q. When you observed a slowing heart rate at approximately 4:00 o'clock in the morning was the child awake or was the child asleep when you noted that?
 - A. It is hard to say.
 - Q. You don't recall?
 - A. No.
- Q. All right. Doctor, my point is this: when you observed the child at 4:00 o'clock in the morning did you consider that his condition had changed from what you had seen earlier in the morning before going off to sleep?
- A. Okay. When Susan came and told me and says when he gets bradycardia results he gets a little off colour and that was concerning, so when I observed Kevin for sometime his heart rate first did go down. When stimulated he became all right. He was pink. On subsequent, a few minutes, and what happened he had bradycardia and he went off colour. That was different from what was happening before.
 - Q. In what respect, Doctor?
- A. That he went off colour, that his colour was not as pink as it was before.
- Q. I see. All right. And you have told us that you then discussed it with Dr. Ning and



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indeed, Dr. Ning came and observed the child with you and you had a full EKG ordered. What was your impression at that time, as to what might be causing episodes of bradycardia?

A. We see a lot of these infants are admitted to cardiac wards with bradycardia. I presume that this must be one of those children who had this bradycardic episode who would recover from that episode. It was different from what I saw before.

Before he had nothing like this. Now he started having this, so I would require the child to be observed very closely and one of the things that happened was that digoxin, itself, may be causing bradycardic episode. That was in my mind and that is the reason why I stopped digoxin.

- Q. That, I take it, was something that occurred to Dr. Ning, as well, when jointly you decided to hold the digoxin?
 - A. That's correct.
- Q. Did either Dr. Ning or yourself at that time consider any other possible explanation for those episodes of bradycardia other than the possible effect of digoxin?
- A. The other thing we were considering was that if he was septic or not, had an



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infection, we checked in order to make sure that he was on antibiotics and indeed, he was on those antobiotics, so that was another thing we were considering. The third possibility was that his heart lesion may have been very traumatic or conduction abnormalities. We were looking closely for that.

- Q. At the conclusion of your discussion with Dr. Ning then did you proceed to order the digoxin should be held?
 - A. Yes.
- Q. Could I ask you to turn to page 74 of the child's chart, Dr. Kantak. Doctor, you will see there two orders, the first at 2230 hours on March 11th. That is 10:30 at night?
 - A. That is right.
 - Q. Is that your order?
 - A. Yes, that is mine.
- Q. As well, there is a second order again dated March 11th and this order provides that digoxin was to be held and the digoxin level was to be taken the next day? Do you see that?
 - A. That is correct.
 - Q. Is that your order, Doctor?
 - A. Yes that is my order.
 - Q. Do you recall having ordered



digoxin to be held earlier in the evening, that is on March 11th?

A. No. This is a mistake on my part. It is the 12th of March. That is the early morning hours after I'd seen Kevin and after I found him having problems. That is the time this order was written, because it clearly states that he should be kept, should be given nothing by mouth. His IV rate has to be increased, but he should be kept in oxygen and we are to hold digoxin and do a digoxin level. That was written sometime between 3:00 and 4:00 o'clock in the morning.

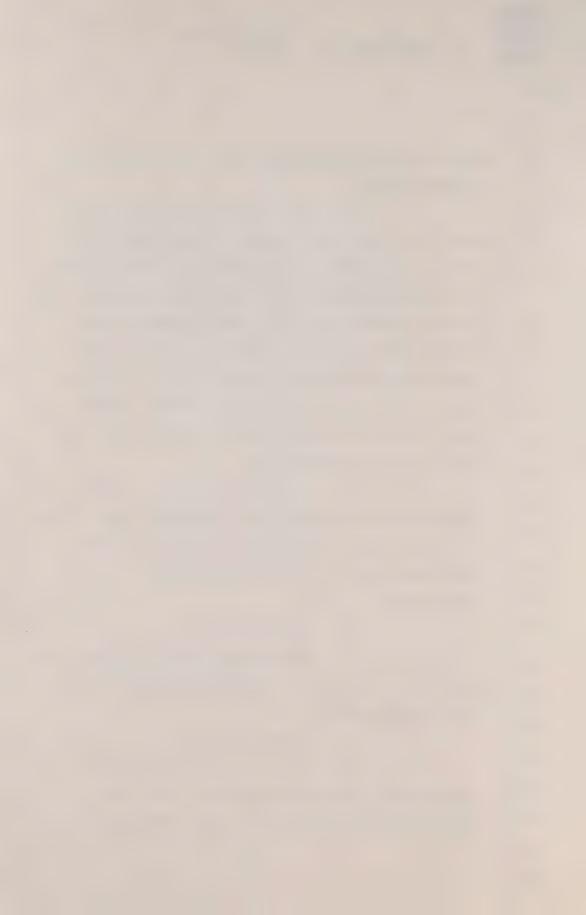
Q. All right. Doctor, you have told us, as we have gone over the events, that it was at the conclusion of Michelle Manojlovich's arrest that Susan Nelles came to you and asked you to see Kevin Pacsal?

A. That's right.

Q. And we know that that arrest and resuscitation effort was concluded approximately 3:35 in the morning?

A. That's right.

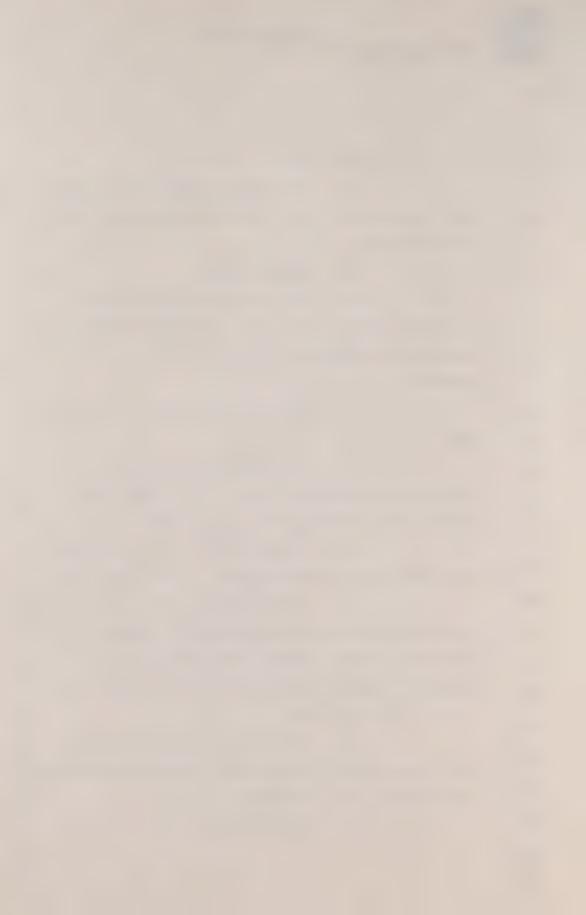
Q. So we know from Ms. Nelles' nursing notes that she attempted to feed Kevin Pacsai at approximately 4:00 in the morning?



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- Q. You agreed with me it was likely therefore, you saw Kevin sometime shortly after 4:00 in the morning?
 - A. That's right.
- Q. Is it your evidence then that this order to hold digoxin was made by you after that observation of Kevin and not at an earlier point in the evening
- A. That is correct, absolutelyafter that.
- Q. Can you help me, Doctor, or provide any explanation as to why the order should bear the date of March 11th if that were the case?
 - A. I don't know. It is a mistake.
- I was still one 24 hours behind. I was on the 11th.
- Q. Doctor, fairly at any point earlier in the evening do you recall having had a discussion with anyone, any of your fellow physicians as to the desirability of holding digoxin on this child?
 - A. No.
- Q. That subject came up for the first time when you observed the child at approximately 4:00 o'clock in the morning?
 - A. That's right.



- Q. That was as a result of your attendance with Dr. Ning; is that correct?
- A. That's right. And Dr. Costigan afterwards.
- Q. Doctor, you have told us that as you recall the events that morning you first examined Kevin Pacsai alone and that you subsequently did so with Dr. Ning and, at that time, ordered a full EKG to be done; is that correct?
 - A. That is correct.
- Q. And you have told us that as you remember it, Dr. Costigan was not present on either of those two occasions; is that correct?
 - A. That's correct.
- you as perhaps you are aware, that Susan Nelles has testified before the Commissioner and she has given evidence in some detail as to her recollection of events the night Kevin Pacsai died. She testifed that when she discovered Kevin to be in difficulty that she went to you and to Dr. Costigan and that you and Dr. Costigan together examined the child. This evidence Sir, is found at Volume 126, page 8715 to 8719.

 She further testified, Dr. Kantak, that it was while

Dr. Costigan was in the room with you examining





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Kevin Pacsai that 2 to 1 heart block was observed on Kevin Pacsai's cardiac monitor.

A. That's correct. Subsequently not an issue. Initially I had examined the child and I had examined the child alone and then with Dr. Ning and subsequently with Dr. Costigan, at which time we observed a 2 to 1 block on the heart monitor. That is correct.

Q. You observed a 2 to 1 heart block with Dr. Costigan on a subsequent occasion?

A. That's correct.

Q. Is it your evidence with the benefit of Ms. Nelles' testimony that you first examined Kevin Pacsai alone and Dr. Costigan was not there. You then went to fetch Dr. Ning and you jointly then observed the child again Dr. Costigan not being there?

A. That's correct.

THE COMMISSIONER: I'm sorry, it is your evidence. Do you need the assistance of Ms.

Nelles' testimony to remember that or do you remember it yourself?

THE WITNESS: I remember it myself.
THE COMMISSIONER: Yes, all right.

MS. CRONK: Q. Indeed, Doctor, as I



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understand it you are telling us that your recollection does not accord with Ms. Nelles. That you observed the baby alone the first time?

A. Well, that is how I recollect it. I'm pretty sure of that.

Thank you, Doctor. What did Dr. Ning do after you had had your consultation with him, if you will, concerning Kevin Pacsai?

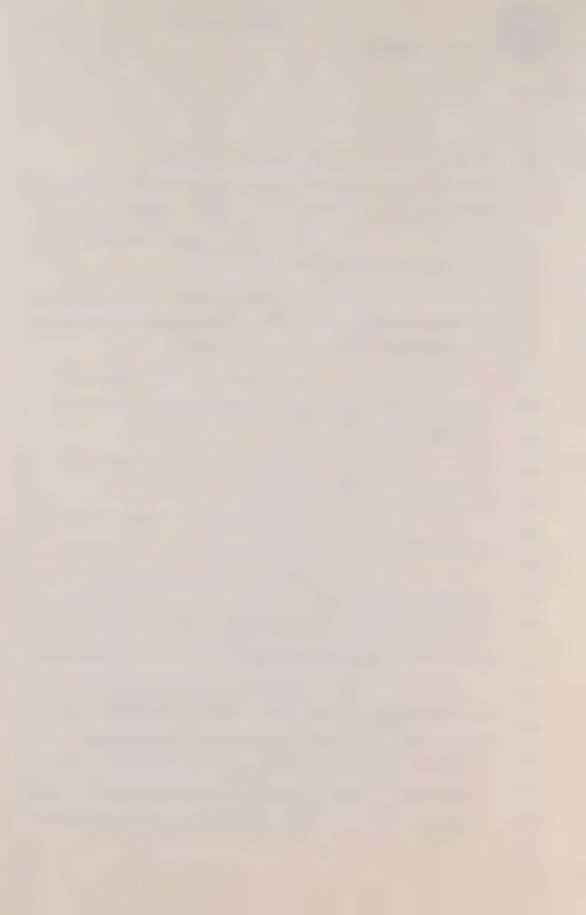
A. As I remember it, he left the ward. I don't know where he went, but he did leave the ward; 100.

Did you ask Dr. Ning where he was going or did he tell you?

A. No, he didn't, but he had asked me to contact him if I needed him.

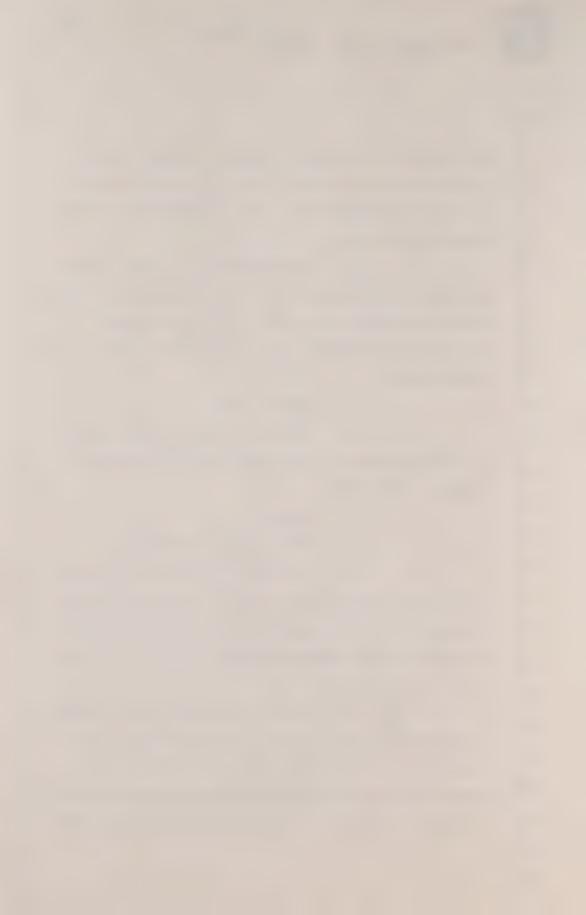
Q. What did you do Doctor, after you had had your consultation with Dr. Ning and after you had made the order we have seen dated March 11th, you say was made at approximately 4:00 o'clock in the morning?

A. Okay. So I made this order. I went again and I saw Kevin. He had developed a block and I spoke with Dr. Costigan and we collectively decided that the child should be transferred to the intensive care unit for the following reasons; 1, the concern we had, the nurses, and we had about the child



and secondly, there was already an arrest had taken place in our ward and we thought it would be best to transfer the child for closer observation to the intensive care unit.

- Q. We are now at the point where Dr. Ning has left the ward. You have made the orders that are shown in the chart. You have observed episodes of bradycardia, but not at that stage 2 to 1 heart block.
 - A. That's right.
- Q. Did you, yourself, then return to the residence quarters and attempt to get some sleep at that stage?
 - A. No way.
 - Q. What did you personally do?
- A. I was there in the ward. While I was there seeing Kevin off and on and I was there talking to people, like Dr. Costigan, to the nurses and I was at the nursing station, as well as in the room with Kevin, yes.
- Q. When you say that Dr. Costigan and yourself observed 2 to 1 heart block was there a time when -- I'm sorry, was there a time when you observed a change in Kevin's condition which you felt warranted involving Dr. Costigan or did he of his





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own accord and come in to examine the child?

A. No. When I saw that Kevin had 2 to 1 block I had every reason to call Dr. Costigan and show him the block. In fact, when I saw Kevin having bradycardic episodes I spoke with Dr. Costigan and I said that because of the whole concern let's transfer the child to the intensive care unit, because Dr. Costigan has to make arrangements for his transfer. Then I went ahead and saw Kevin with Dr. Costigan, at which time he had developed on the monitor we saw 2 to 1 block, and looked at it together right in front of Kevin and there was a block.



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2	All right. He said this warrants this child being
3	transferred to intensive care, so he just went out
4	to make arrangement for his transfer.
5	Q. Do you recall now, Doctor,
6	whose it was initially to send Kevin to the
	Inten re Unit?
	A. It was our - mine and Dr.
8	Costilini
9	Q. Do you recall any nurses being
10	involve that discussion or suggesting to you that
11	it was advisable that the child should go to the
12	Incomplex Care Unit?
13	A. Yes. Nurses suggested that
	it would be better if we transferred the child to the
	intensia: care, yes.
15	Q. Who suggested that?
16	A. Susan suggested that.
17	Q. That is Miss Nelles?
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

A.

Was the suggestion then one Q. that came from her originally?

Yes.

A. I think that - I'm not sure if it was her alone or her with other nurses too made a collective desision. I am not sure of that, but she told me, yes.

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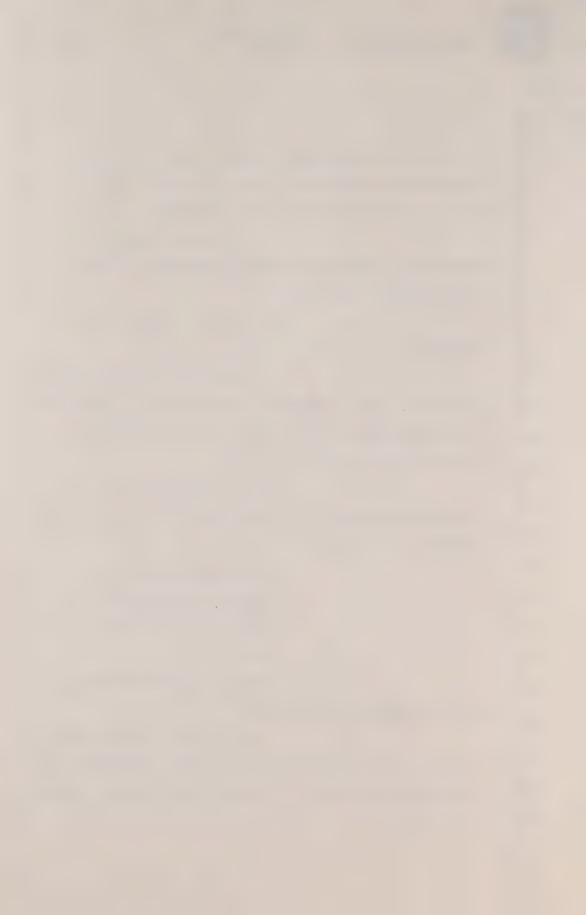
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Q. All right. Is that before you discussed it with Dr. Costigan?

A. Yes, I think so.

Q. All right. You told us that Dr. Costigan did come in and you jointly examined the child. Do you recall what time that was, Doctor?

A. No, I don't remember the exact time because if I suggest something it might not be exact. I'm not sure.

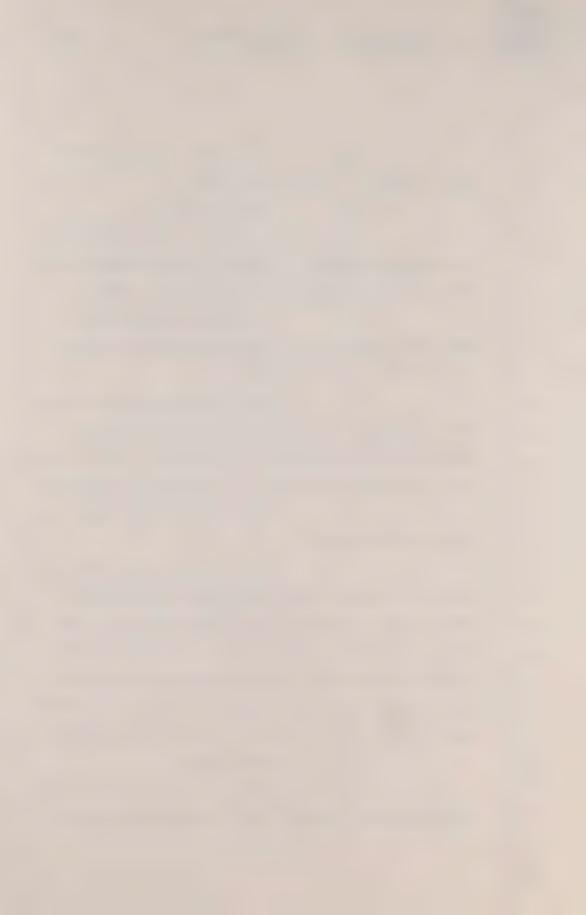
Q. That is fair enough. Do you recall how long it was that Dr. Costigan and you examined the child after Dr. Ng had left? Was it within five, ten, minutes or was it a longer period of time?

A. Yes. Ten minutes; maybe ten, fifteen minutes maybe.

Well, Doctor, as I understand what you are saying from the time you were asked by Susan Nelles to examine Kevin Pacsai because of her concerns about his condition until the time that Dr. Costigan and yourself discussed sending the child to the Intensive Care Unit you were present on the wards and did not leave the wards. Is that your evidence?

A. Obsolutely.

Q. Doctor, I am obliged to tell you as well that we have heard evidence from Nurse





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Phyllis Trayner concerning the events of that night, and her evidence (found, sir, in Volume 130, page 388 to 392) has been that although you examined the child initially and may have done so on a second occasion, that you then left the ward and Dr. Costigan arranged for the transfer of the child to the Intensive Care Lord in the

Does that evidence from Mrs. Trayner assist you in recalling the exact events of that night? No, that is wrong, the way

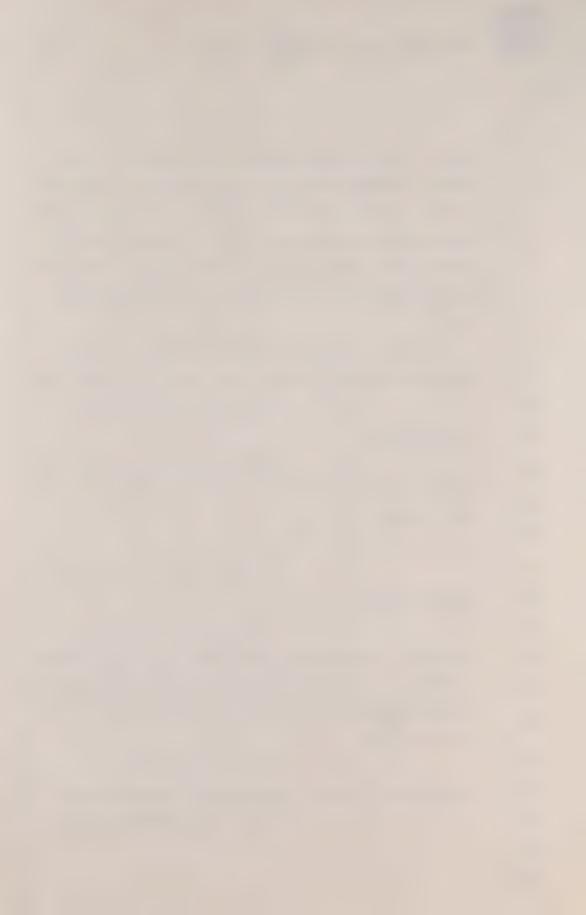
Were you involved in the 0. actual . transfer of the child to the Intensive Care Unit, Doctor?

> A. Yes.

Who took the child to the Intensive Care Unit?

Α. I was there, Dr. Costigan was there; I think Susan was there, but I not remember two things: I not remember how the child was transferred and what was the - I not remember exactly, no, but I was there, yes.

Do you have a clear recollection that Dr. Costigan was involved as well? A. Yes. What happened was he



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again - Kevin again had episodes of bradycardia; he went off colour so I sent for Dr. Costigan who was away from the floor to make arrangements for the Intensive Care, so I sent - I beeped him to come immediately up and he came up running and we just transferred the child right there within about two to five minutes - two minutes, three minutes.

Did you physically accompany 0. Dr. Costigan with the baby to the Intensive Care Unit?

Α. Yes. I remember going together with Dr. Costigan to the Intensive Care Unit.

Do you have a clear 0. recollection that Miss Nelles as well went to the Intensive Care Unit?

A. Yes.

That is a clear recollection?

A. Yes.

Doctor, I am obliged to 0.

preliminary hearing. It is found in Volume 25(2). If you would like to have it before you, by all means

refer you to certain of your evidence at the

please indicate that. It is found at page 16. You were asked this question:

> "O. Was the baby transferred to the Intensive Care Unit, and did you go with



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the baby to the unit?

A. Yes. I went with Dr. Costigan to Intensive Care and I was there for about ten or fifteen minutes. Then I came back up to the ward .

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Q. Did Miss Nelles go down with you to the I.C.U. Unit?

A. Usually they go but I don't remember, sir."

Do you remember being asked those

que Telle

A. Yes.

Q. - and giving those answers?

A. That's correct. I remember,

but I think she was there.

Q. I asked you if you had a clear recollection of her being there. At the preliminary hearing I suggest . it certainly was not a clear recollection. Is that fair? At the time that you testified at the preliminary hearing you were uncertain as to whether she had gone to the Intensive Care Unit. Isn't that so?

A. Well, yes. I said that but T think she was there.

Q. It is your best recollection



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today, thinking back on the matter that she accompanied Dr. Costigan and yourself to the Intensive Care Unit?

A. That's correct.

Q. Although at the preliminary hearing you were uncertain of that?

A. Yes.

MR. ROLAND:

I don't

know the purpose of this close examination of whether he thought Nelles was there or not. I mean if the purpose is to test the witness' recollection, I perhaps should object, but every witness has said Miss Nelles, Mrs. Trayner, Costigan, that Nelles was there, so it is not the fact that can be concerning my friend. If my friend is spending all this time in order to closely test this witness' recollection --

MS. CRONK: I understand, sir.

THE COMMISSIONER: Yes. I think we can push on from there.

MS. CRONK: That is where the matter was about to be left, Mr. Commissioner. I am grateful to my friend.

MR. SHINEHOFT: Mr. Commissioner, in fairness to Miss Cronk, this is the first witness to my recollection who has indicated he accompanied Dr. Costigan with two other nurses down to the I.C.U.





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Therefore, I feel that it is incumbent upon Miss

Cronk to try and sort out why it is that this is the

first -

THE COMMISSIONER: Well, I wouldn't have thought it was excruciatingly important whether he did or didn't. Maybe that is what Mr. Roland was getting at. But if his recollection is that he went there and he thinks Susan Nelles was with him as well - if you don't like that and you think it is important, you can cross-examine him on it.

MR. SHINEHOFT: I appreciate that.

THE COMMISSIONER: But Mr. Roland and

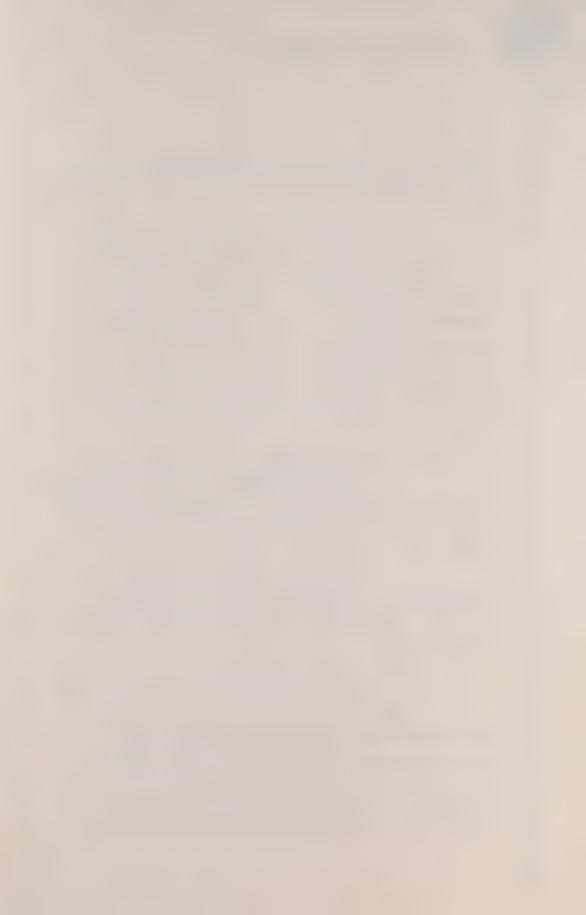
I are not immensely impressed by whether he answers yes or no.

MS. CRONK: Well, as I said, Mr.

Commissioner, I am grateful for the assistance of all of my friends here. I didn't intend to pursue it any farther.

THE COMMISSIONER: Yes. That's fine.

MS. CRONK: Q: Dr. Kantak, you have told us that Dr. Costigan and yourself observed the child and noted 2 to 1 heart block and subsequently Dr. Costigan and yourself actually arranged for the transfer of the child to the Intensive Care Unit?



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A. Yes.

Q. Did you during the course of that observation of Kevin discuss with Dr. Costigan what might be an explanation for the 2 to 1 heart block or the abnormality you were observing on the monitor?

A. Yes, we did speak about abnormality. We found that the abnormality - in fact he had bradycardia followed by 2 to 1 heart block and we couldn't explain why and again we had the same things in our mind as I discussed this before; we even suspected that he is septic; then is it digoxin toxicity or is it congenital heart block which is what he had, and this allowed a differential diagnosis in our mind.

Q. And those were matters discussed by you with Dr. Costigan and they formed your joint differential diagnosis before the child's transfer to the Intensive Care Unit?

A. That is correct.

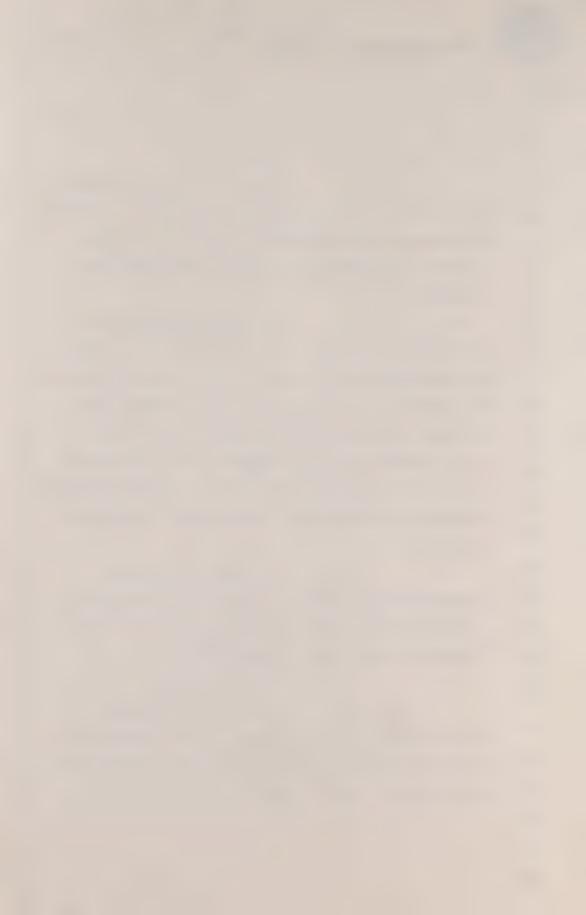
Q. Doctor, any time prior to

Kevin Pacsai's actual transfer to the Intensive Care

Unit did you observe anyone on the ward administering

any medication to that child?

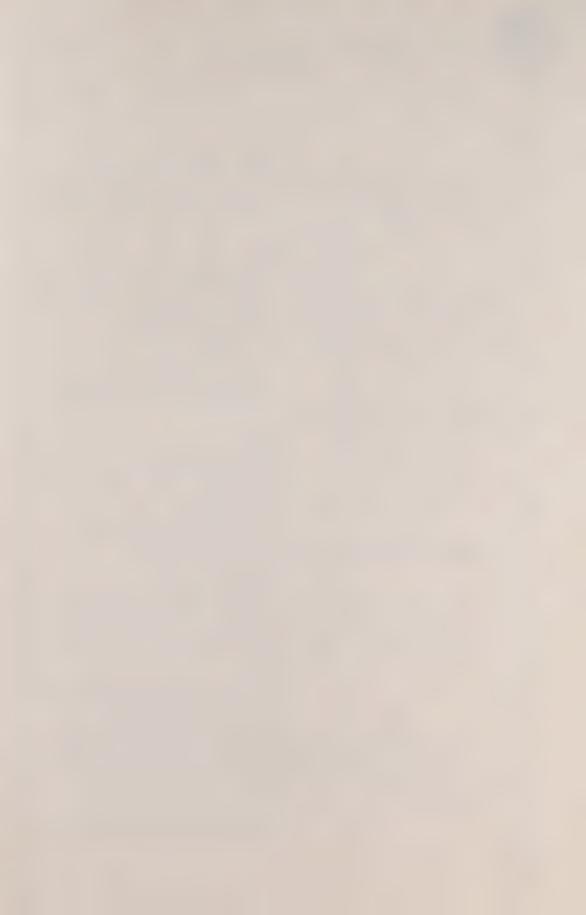
A. No.



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2	Q. At any time prior to his
3	transfer did you yourself administer any medications
4	to the babe?
5	A. No.
6	Q. Doctor, any time prior to
	his transfer did you observe anyone feeding the child
7	or handling his intravenous line in any way?
8	· A. · No.
9	Q. I take it, Doctor, that you
10	didn't feed the child?
11	A. No.
12	Q. Or attempt to do so?
13	A. Well, no.
14	Q. Doctor, did you work on
15	the wards throughout the day of March 12th?
	A. That is correct.
16	Q. Did you learn that morning
17	of Kevin Pacsai's death in the Intensive Care Unit?
18	A. Yes.
19	Q. From whom did you learn that?
20	A. I think Mike Schaffer and
21	the staff, Dr. Freedom mentioned that Kevin is very
22	sick and that he is terminally ill and that he has
23	died, yes. Q. What was your reaction to the
24	2as your reaction to the





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A. I was surprised. As I said before that ward - I was impressed by the fact that the infant was just in the morning stable, completely normal, looked normal to me, and he turns around and gets very sour on you and then he does a couple of bouts.

Q. Did you find that was the feature that you found surprising?

A. Yes. I thought that was surprising.

Q. Had you at any time prior to 4:00 o'clock in the morning, Doctor, had any reason to expect or to anticipate that Kevin Pacsai's condition might deteriorate to such a serious level?

A. Absolutely no, not at all.

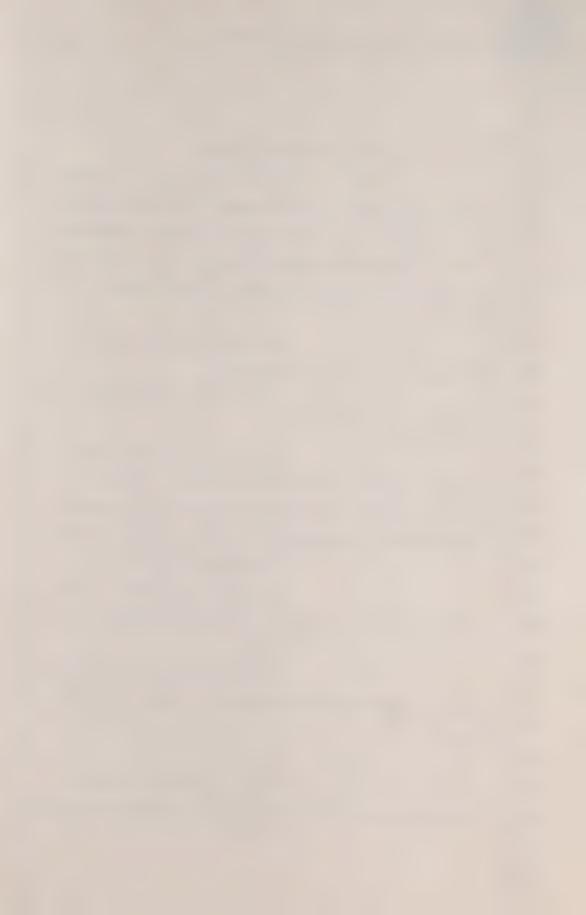
Q. Was his death then in that sense unexpected so far as you were concerned?

A. Yes.

Q. Did any possible explanation for his death occur to you when you learned that he died?

A. No.

Q. Was it a matter that you discussed with Dr. Schaffer when he informed you of the



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child's death?

A. Yes, we discussed very briefly with Dr. Schaffer and then among residents and we couldn't explain it what was the cause of death, and my colleague, Dr. Schaffer, had similar opinion that his differential diagnosis was the same as mine that he had a congenital heart block or he was septic or he was digoxin toxic, but that was left at that.

Q. You have told us, Doctor, that you discussed with Dr. Schaffer and with your colleagues?

A. Yes.

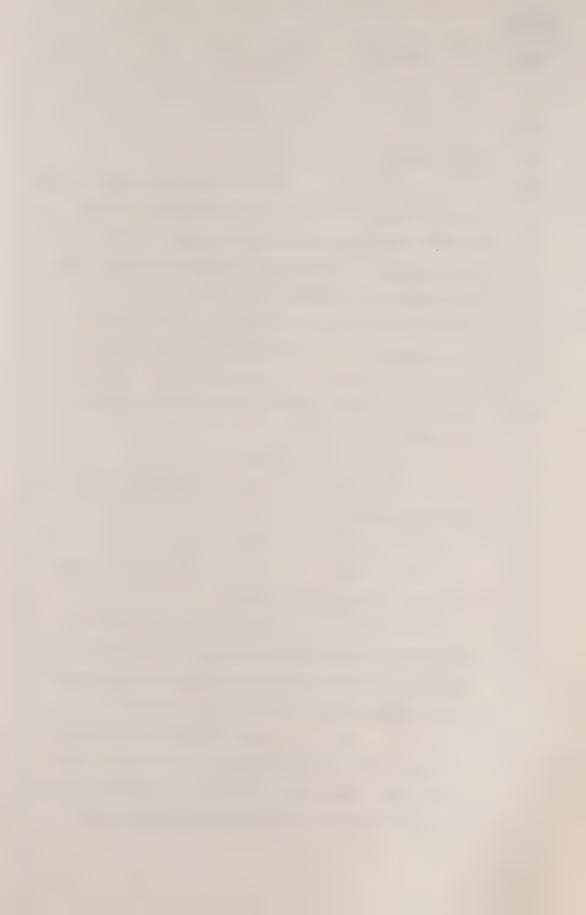
Q. Are you referring now to your fellow residents -

A. Yes.

Q. - or did you discuss it with any of the staff cardiologists.

A. I don't remember having discussed it with staff cardiologists at length, but I remember having discussed somewhat at length with my co-residents, Dr. Kobayashi and others.

Q. What was your impression of Dr. Kobayashi's and Dr. Schaffer's reaction to the death? Were they able to advance an explanation which appeared satisfactory to them insofar as you were



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A. No, but I took it from Dr.

Schaffer who was much more experienced than I was that some of these babies were sick with congenital heart block and they behaved like this.

Q. In your own mind, however, you were surprised, and regarded his death given what you had observed to be unexpected?

A. That is correct.

Q. And in your own mind do I have it correct that there was no explanation which you felt adequately explained why the child had died in the way that he had and in the time that he had?

A. That is correct.

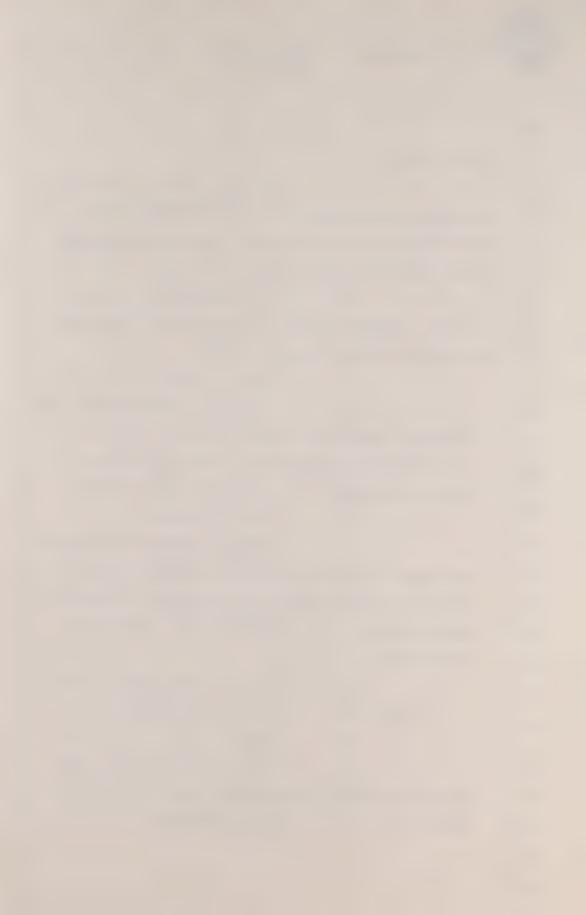
Q. Doctor, were you subsequently made aware of the fact that an investigation into the death of Kevin Pacsai and his digoxin levels was being conducted in the Hospital by Dr. Fowler and Dr. Carver?

A. No, I was not aware of that.

Q. Until I just told you now?

A. Yes.

Q. Were you subsequently made aware of the fact that there was to be a coroner's inquest into the death of Kevin Pacsai?



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A. No. I didn't know at that time - I didn't know anything at that time.

0. I take it you did, however, learn that subsequently?

Subsequently, yes.

0. Did you know that prior to the arrest of Susan Nelles for the death of this child?

> Α. No.

0. It was after that?

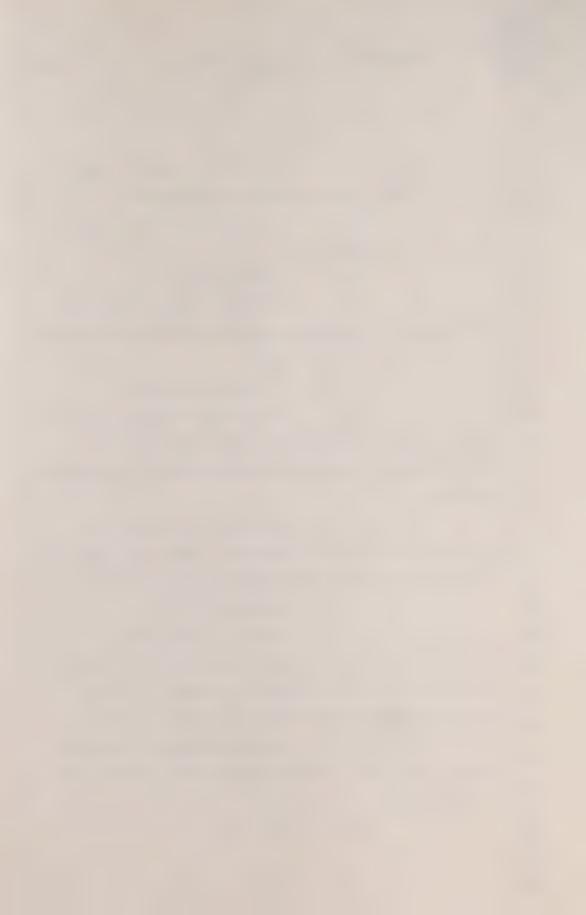
No, I will tell you exactly A. when it was. It was after Justin Cook died that everything was moving which was on the 22nd or something of March.

All right. Prior to the death of Justin Cook you were not aware that a coroner's inquest was planned for the death of Kevin Pacsai?

> Α. Not at all, no.

0. Doctor, looking back at the events of March 11th, in that early morning was there anything at all you observed that night or in the early morning which you regard as unusual in the activity of any of the nursing or medical staff which might assist us in determining how Kevin Pacsai came to his death?

> A. No.



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became involved with Kevin you told us the night before when you took over from Dr. Kobayashi.

We know, Doctor, that another child

was admitted to the ward that afternoon. A child by the name of Kristin Inwood. Do you remember that patient?

We know that you first

A. Yes, I did the initial admission on that child. I remember Kristin.

Q. All right. What was her condition as you observed it when you initially admitted her?

A. Oh, she looked just fine to me. She looked real stable to me at that time.

Q. When you say she looked real stable, Doctor, was her heart rate normal? Were there any abnormalities connected with her respirations or her heart beat?

A. No.

Q. What did you understand was the purpose then for her admission to the Hospital?

A. She was found to be in congestive heart failure, and that was the purpose of the investigation if she had some murmur in the heart,

and the purpose of admitting her was to investigate



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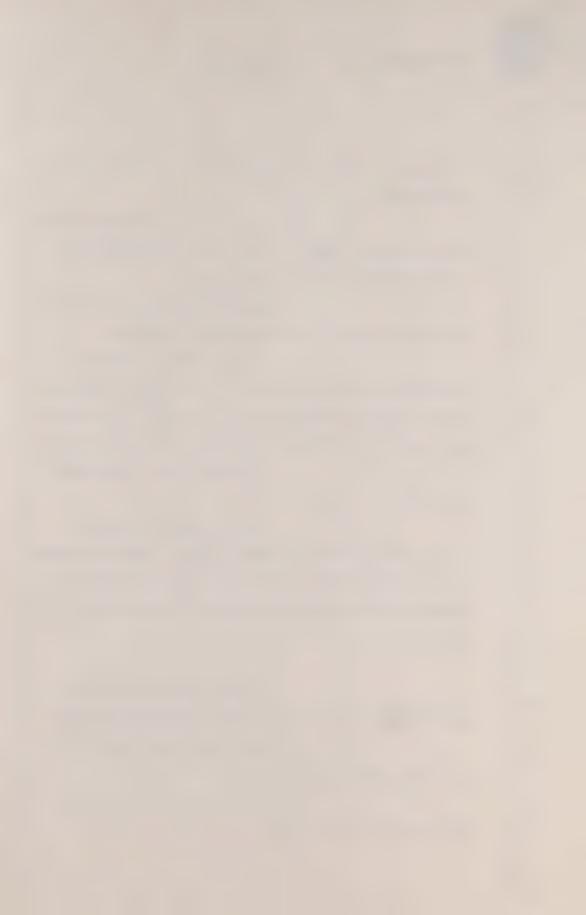
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the cause of murmur and see what the structural regions of the heart. What was your diagnosis then, 0. Doctor, in formal terms at the time of her admission or was there one made at that time? Α. Yes, I did make a diagnosis. I thought she was in mild pulmonary stenosis. Did you observe anything 0. in her condition on admission, Doctor, which suggested in your mind any difficulty with respect to the digoxin which she had been receiving at the referring Hospital? I'm sorry, could you repeat Α. that question again? Did you observe anything 0. in her condition on admission, Doctor, which suggested to you some problem or difficulty with the digoxin treatment she had been receiving at the referring Hospital? No. Α. I take it you were aware 0. she had received digoxin at the referring Hospital? Yes. My notes suggest that A. she was on digoxin, yes.

Q.

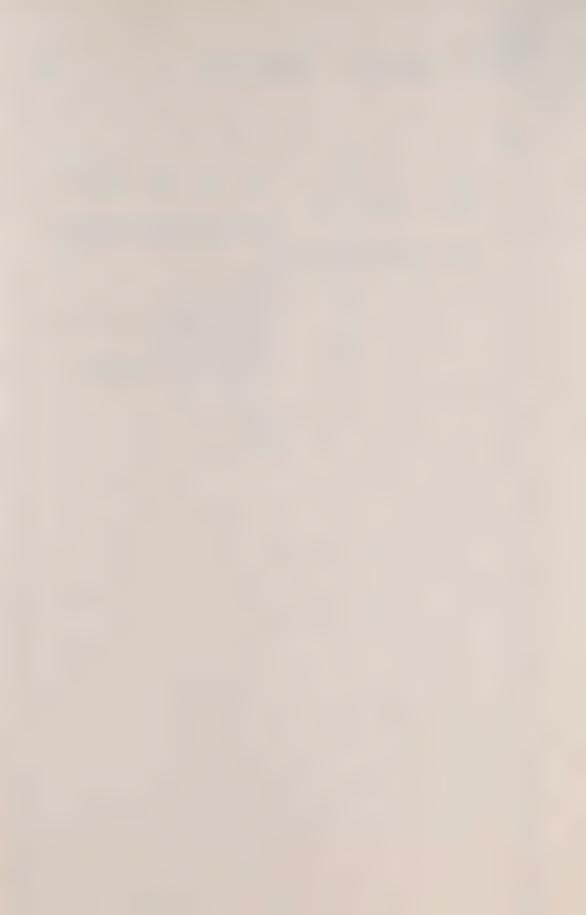
you referring to, Doctor?

All right. Which note are





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2		Α.	Page 57, I said that she
3	was on - Exhib	it 113.	
4		Q.	Yes. You were referring to
5	the history of	this child	1?
6		A.	Yes.
7		Q.	Found on page 57 of the chart:
		A.	That is correct.
8		Q.	And are those your notes,
9	Doctor?		
10		A.	Yes.
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	0 -	Were they made at the	
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time of her a	dmission an	d your initial observation	ns
of her?			
	Α.	Kevin Pacsai and Kristin	
Inwood were a	dmitted at	approximately the same	
time. I took	over, I we	nt over to admit Kristin	
and Jack went	over to add	mit Kevin Pacsai.	
	Q.	Were you informed on her	
admission tha	t she had be	een receiving digoxin at	
the referring	Hospital	•	
	Α.	That's right.	
	Q.	And you told us that as	
far as you wen	re concerned	l you observed nothing	
clinically who	ich gave you	concern about that	
therapy she ha	ad been rece	eiving.	
	A.	That is correct.	
	Q.	What did you do Doctor	
in terms of a	formal plan	for the child, following	
her admission?			
	Α.	Let me just check my	
notes. I admi	tted the ch	ild -	
	Q.	It may help you Doctor	
to go to page	75 of the c	hart. And you made	

some orders as I understand it immediately after



the child had been admitted.

A. We admitted the child,

I had a provisional diagnosis of pulmonary stenosis

made, so I put the child on a routine monitoring;

I did blood gas in room air and 100 per cent

oxygen. I ordered a chest x-ray, EKG and

echocardiogram, some of which were done.

Q. Could we stop there for a moment Doctor?

A. Yes.

Q. Are you referring to the first order on page 75?

A. Yes, that's right.

Q. All three I take it are

vours?

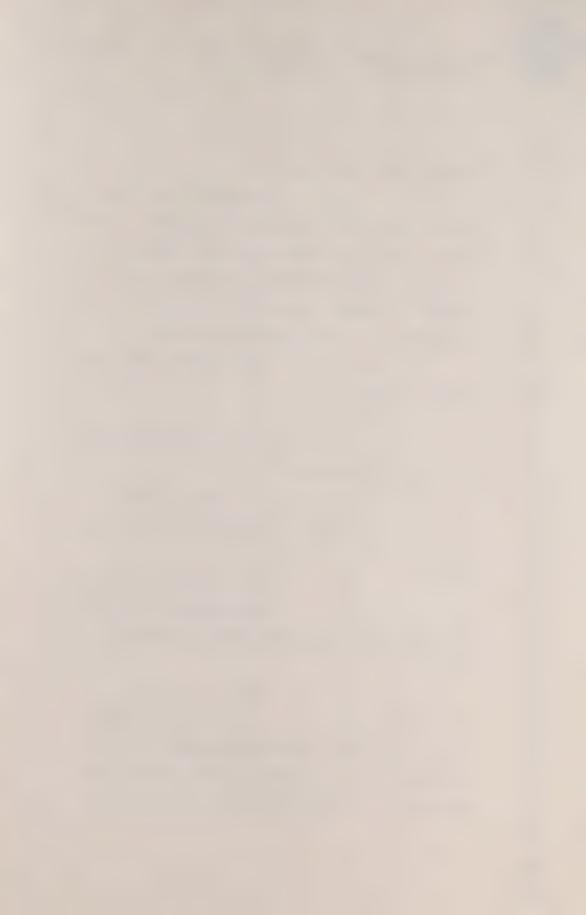
A. Yes, all three are mine.

Q. And you will see underneath

the words "echo" for echocardiogram and word "done".

A. Yes.

Q. It is my understanding that Kristin would have been brought into the Hospital for Sick Children on March the 5th for purposes of an echocardiogram.



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TORONTO, ONTARIO

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2	A. Yes.
3	Q. And that one had been
4	done at that time.
5	A. Yes.
6	Q. Were you aware of that
7	when you admitted her?
8	A. Yes.
	Q. Were there any difficulties
9	associated with that echocardiogram?
0	A. I don't think so.
1	Q. Do you recall now what
2	it disclosed.
3	A. I think part of my diagnosis,
4	pulmonary stenosis, was made on the echocardiogram
	evidence but I cannot recollect exactly what the
5	echocardiogram showed.
6	Q. To help you Doctor could
7	we look at page 35 of the chart please. This
8	is the report of the echocardiogram that was done

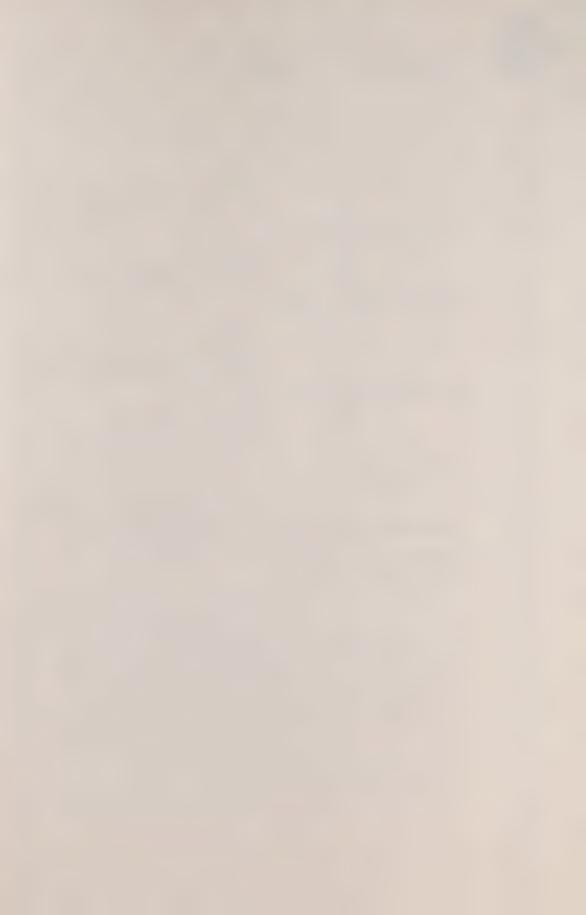
on March the 5th, did you have that available to

was not available, no.

you at the time that the child was being admitted?

A. No. The official report

Q. I take it you would have



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had some details available to you as to what the results had been at that time. Α. Yes. Our report, yes. Do you recall what you 0. were told about the child's condition?

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Α. Yes. The child's condition was okay, I was not aware of anything that had gone wrong in the echocardiogram room. I remember partially my diagnosis of pulmonary stenosis was based on the findings as well as maybe the electrocardiographic report.

Did you on admission then 0. order a second echocardiogram to be done Doctor? Α. No, this echo is done,

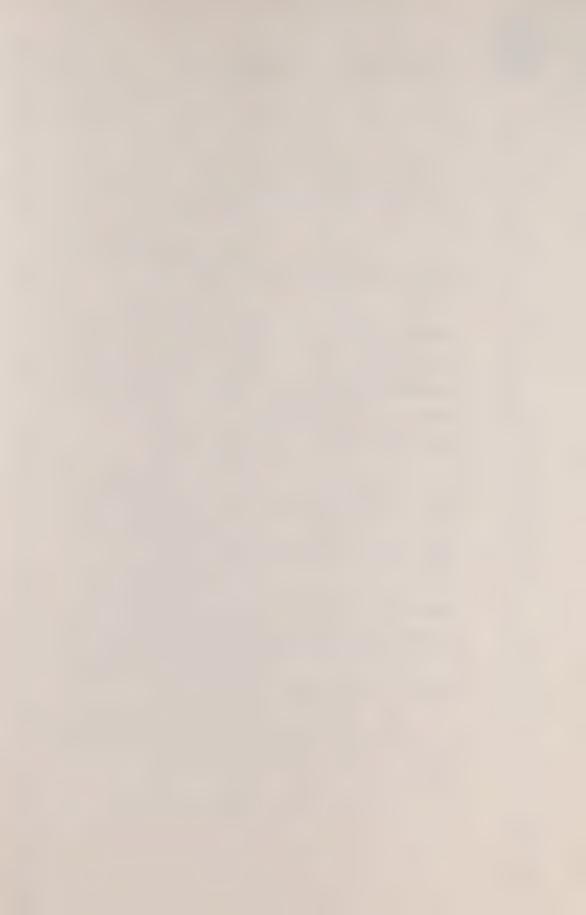
which means it was done in our Hospital.

So when we read your order we should not interpret that to mean that a second echocardiogram was to have been done?

That is why I put down A. "done", so it is done in our Hospital.

You also ordered a number 0. of further tests Doctor, as set out in your second order.

> Α. That is correct.



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	Q.	And then	finally if
we addre	ss ourselves t	to the third	order you
ordered a	a maintenance	digoxin leve	el for the child,
is that	correct?		
	Α.	That's co	orrect.

0. And you also ordered that

she be kept at 40 per cent room oxygen?

Yes.

0. I'm sorry.

Α. That's correct.

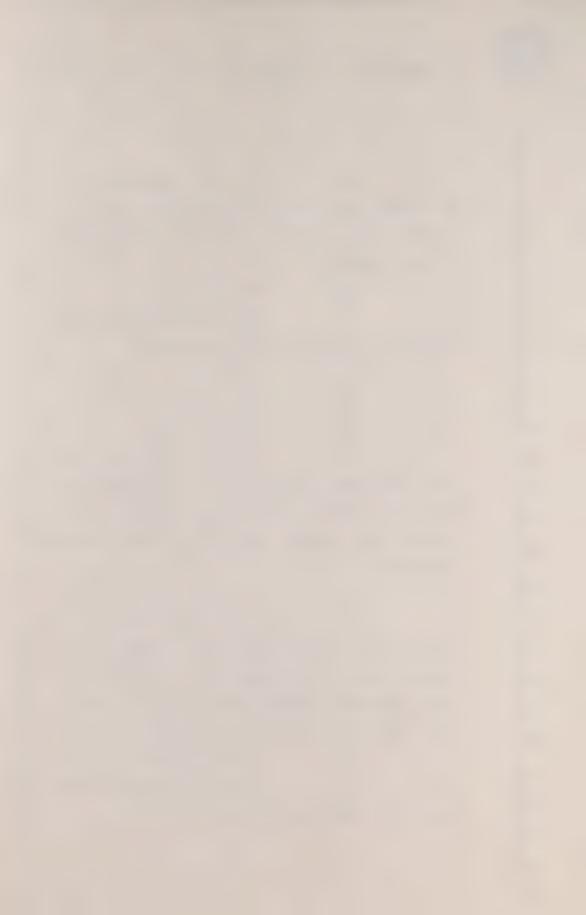
Q. Doctor if you would turn to the next page please, all of those first three orders were made at 5:00 o'clock on the 11th, I take it that was the time that you first admitted the child?

> Α. That is correct.

Q. And we know that you were on duty throughout the course of that evening; and it would appear that you saw the child and made a further order at 10:00 o'clock that night, do you see that on page 76?

> A. That is right.

0. And you ordered a digoxin level to be taken once a week.



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2	Α.	Хе
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5	to be done, to be under	ctake
6	Α.	Th
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8	twice weekly basis.	
9	. A.	Ye
	Q.	Do
10	whether there was any o	
11	5:00 o'clock in the aft	
12	observed her and 10:00	
13	led you to order a digo	
14	A. made not because the ba	No,
15	the baby was perfectly	
16	until 10:00 o'clock	
17	just routine investigat	
18	baby, yes.	
19	Q.	And
20	not deteriorated in any	way
	at night?	
21	Α.	Not
22	Q.	As
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TORONTO, ONTARIO

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d as well further lytes and blood gases n the next day.

at is correct.

d after that on a

you recall Doctor

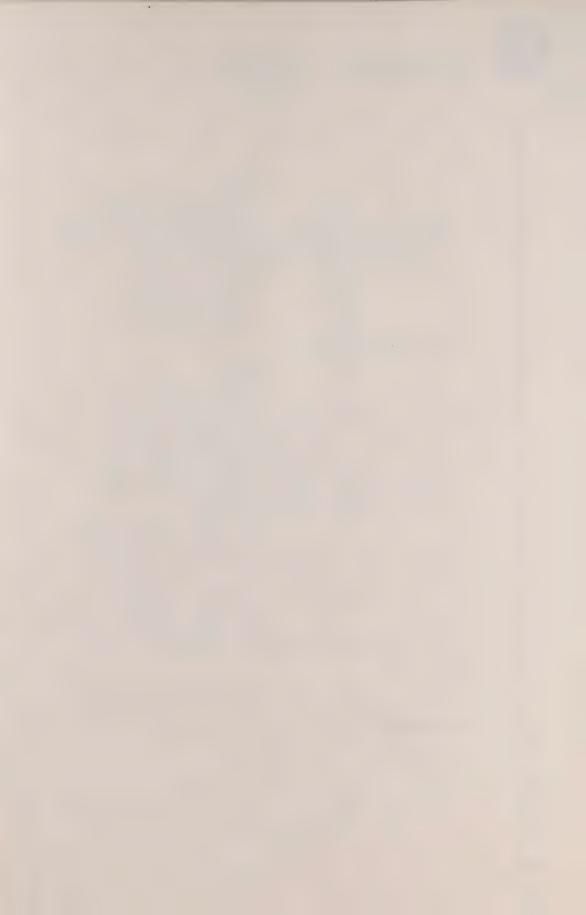
e in her condition between on when you first ock at night which level?

those orders were as bad or anything, right at that time night, this was ordered. to be done on the

I take it she had until 10:00 o'clock

at all.

the matter then stood



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Doctor on the basis of your order at 5:00 o'clock that night, am I correct in suggesting that the child should have received a maintenance dose of digoxin at 9:00 o'clock that evening?

A. That is correct.

Q. Was it your understanding

that she had?

A. Yes, because it was

ticked off, so I presume this was given.

Q. I'm sorry, what was ticked

off Doctor?

A. CMO just checked and initialled the first page 75.

Q. Yes.

A. Just beside digoxin there

is a tick there marked.

Q. The tick appears beside

the oxygen does it not?

A. Yes, then there is CMO, I think it is initialled.

Q. Well Doctor there has been other evidence perhaps of which you were not aware that has suggested that the initials CMO stands for "Card Made Out".



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Α.	Yes,	okay.
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0. Can you help me?

Α. Card made out --

0. Is that your understanding?

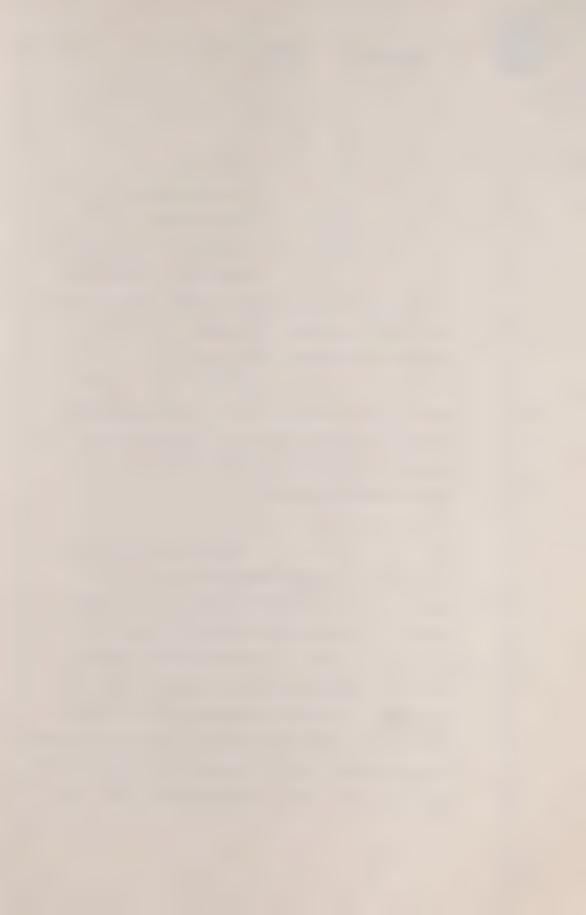
Α. That means nurses know

that Kristin has to be given digoxin and I presume the digoxin was given at whatever time it was supposed to have been given, yes.

Q. Doctor I take it then that you were not aware of any verbal order that may have been made that night by any physician to hold the digoxin on Kristin Inwood on the night of March the 11th?

A. No.

I can tell you Doctor that it is our understanding that she did not receive a dose of digoxin at 9:00 o'clock that evening. I would ask you to refer to page 87 of the chart, which is the medication treatment record and you will see that although digoxin is indicated to have been started at 9:00 o'clock it has not been signed off, and of course on subsequent days, and we will come to those, digoxin appears to have been held. Were you aware Doctor that night,



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or at any time prior to Kristin Inwood's death she had not received digoxin during the evening of March 11th in accordance with your order? Α. I am surprised that it was not given, but I was not aware at all that digoxin was not given. Q. Had any other physician present on the ward ordered her digoxin to be held, would you as the third year paediatric resident on call expect to have been made aware of that? Α. Yes. 0. That is something I take it that would have been desirable for you to know as you were involved in her care. Sure, yes. A. 0.

And I take it you were not informed of such an order from any other physician?

> Α. No.

Q. Did you see Kristin Inwood again Doctor that evening before leaving the ward to get some sleep?

> A. Yes. I did a round, I saw



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Kevin, as she was in the same room as Kevin, if I remember right, I saw Kristin - I saw all patients and then I went to bed.

Q. You have told us that your normal routine as you remember it was to leave the ward to try to get some sleep while you were on call about 1:00 o'clock or 1:30 o'clock in the morning.

A. That is correct.

Q. Is that the time you

left that night?

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A. Yes.

THE COMMISSIONER: Are you talking about the same thing?

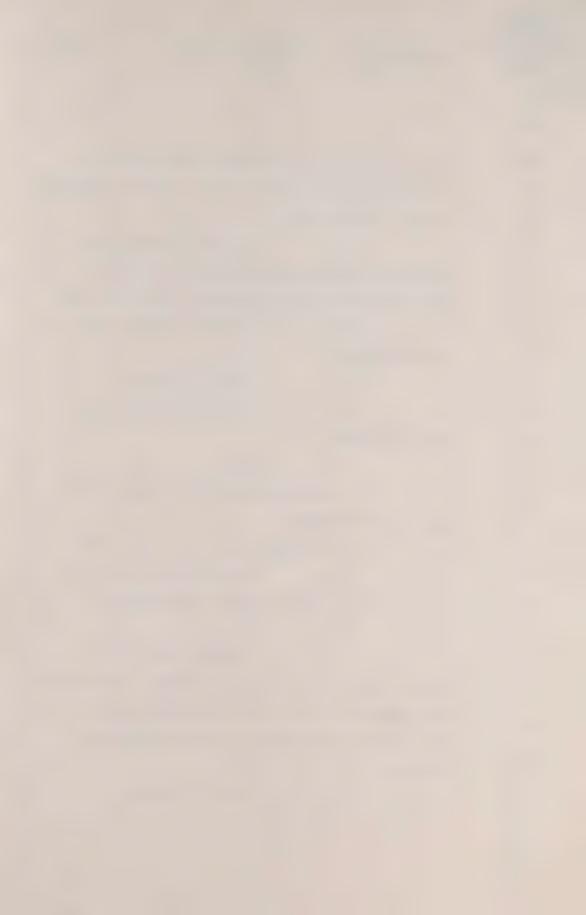
MS. CRONK: Yes. I'm sorry, sir.

Q. Was there any difficulty in her condition when you left that evening?

A. No.

Q. And you have told us that you were called back for Michelle Manojlovich's arrest that you were there subsequently until Kevin Pacsai was transferred to the Intensive Care Unit.

A. That is correct.



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	ø	Q.	Were you made aware during
that	morning	of the	medication error which had
occui	red with	respe	ct to Kristin Inwood?

Α. That is correct. I think. I may not be 100 per cent correct, that Trayner mentioned to me that Inwood, Kristin, was given an extra dose of digoxin, that made me write these orders at 6:00 o'clock in the morning to hold digoxin four doses, and I presume that Kristin had received the usual dose and 9:00 o'clock and an extra dose, so I held four doses. I did a digoxin level that day and I said we will restart digoxin after holding four doses and checking the digoxin level.

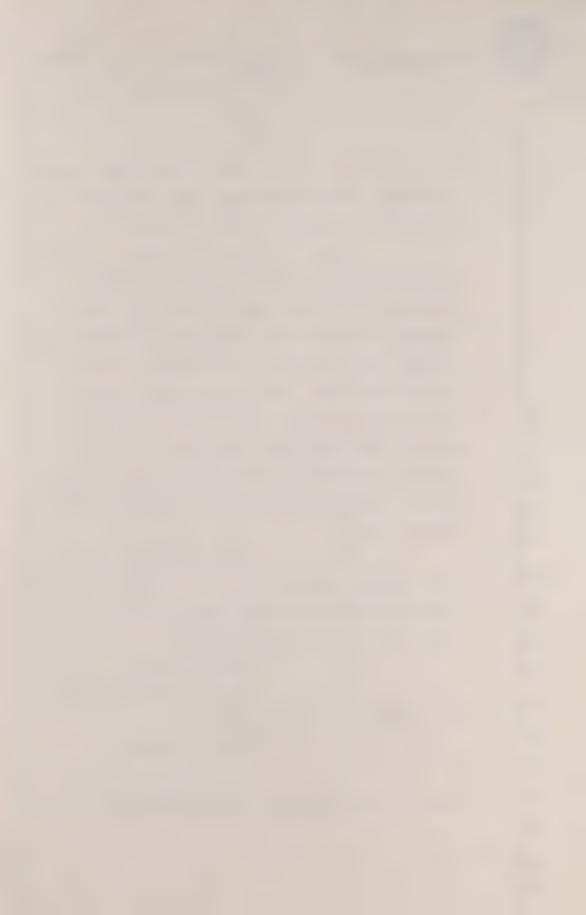
0. Doctor just stop there for a moment, you have told us as a result of being informed of the error that you ordered digoxin to be held for the next four doses.

> A. That is correct.

Q. And that order you made at 6:00 o'clock in the morning.

> Α. That is correct.

Q. Is it your recollection that you were informed of the medication error by



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rayner?

Α. Yes, I think so.

0. Do you recall now what

you were told Doctor?

Α. Yes. I was told that she was given an extra dose, in fact that is all I know, that she was given an extra dose which she was not supposed to be given and that made me write this order.

0. At the time you were told of the incident you were operating under the impression that she had received a normal dose as you prescribed the evening before, is that correct?

> A. Correct.

In the normal course she 0. would have, in accordance with your order, received a morning dose as well would she not?

> Α. Yes.

0. And we have heard Doctor in other evidence that if the digoxin level was to be taken on the wards that often the dose of digoxin was given at 5:30 o'clock in the morning rather than 9:00 o'clock to permit a sample to be



taken at an appropriate time and sent to the lab in time for testing.

A. Yes.

Q. Was it your understanding when you were informed of this error that she had received one or two doses that morning?

A. Okay. Let me get this straight. She was given a 9:00 o'clock dose and she was given one at 5:30 o'clock, so she should have been given one at 9:00 o'clock, so that was two doses which was an extra one.

MS. CRONK: Mr. Registrar could you show Dr. Kantak please Exhibit 113A.

Q. Do you have that?

A. Yes, I have that.

Q. Thank you Mr. Registrar.

This is the Exhibit Report Doctor that was filed with respect to the medication error on Kristin Inwood.

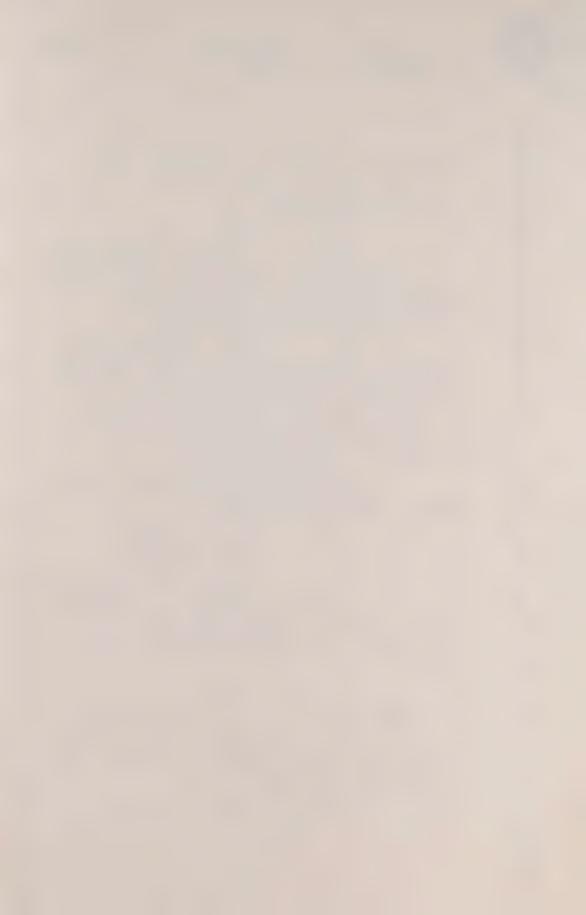
A. Yes.

Q. You will note that the incident time was recorded as 5:30 o'clock in the morning; do you see that?

A. Yes.

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J

	Q.	Doctor	there	is a	signature
which appears	at the bott	om righ	thand	side	of the
page and a phy	sician's si	gnature	, is t	hat y	our
own?					

A. That is mine, yes.

Q. And you will see that the incident appears to have been discovered by a Registered Nurse Susan Reaper, as disclosed at the top of the form, and that it was witnessed by Mary Jean Halpenny.

A. Yes.

Q. And as well a Nursing Supervisor's signature appears on the Incident Report, one Lynn Johnstone, do you see that?

A. Yes.

Q. Do the names of any of those individuals assist you Doctor as to whether or not it was in fact Mrs. Trayner who informed you of this error?

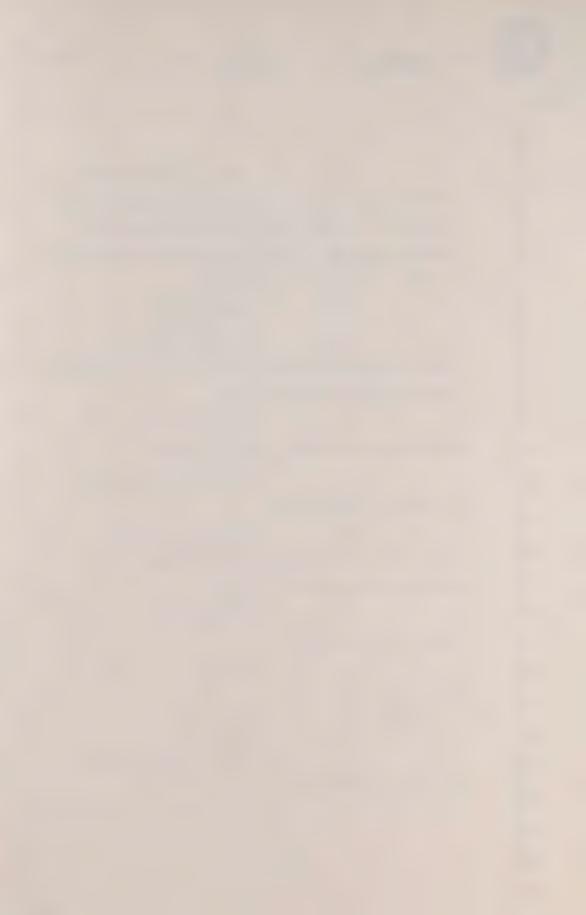
A. No. I think Mrs. Trayner mentioned to me, I cannot guarantee that, just from my recollection I think Trayner mentioned to me, I do not remember these people, in fact I do not remember --



F.2.5

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1 2 0. Doctor I am somewhat 3 confused as to what you thought had happened to the baby. You were under the impression that 4 she had received a dose of digoxin the night before 5 at 9:00 o'clock is that correct? 6 Α. That's right. 0. You were then told I 8 take it at approximately 5:30 o'clock in the morning 9 that an error had been made? 10 Α. That is correct, that she was given an extra dose of digoxin. 11 0. What do you mean when 12 you say "an extra dose"? 13 A. That she was given -14 according to the schedule she was supposed to have 15 been given one at 9:00 o'clock. 16 0. That is 9:00 o'clock at 17 night on March 11th? Α. Yes; and 9:00 o'clock on 18 March the 12th. 19 0. Yes. 20 Okay. Now she was given A. 21 the 9:00 o'clock dose on March the 11th. 22 Q. You thought she had been? 23 24



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Α.	Yes. I thought that					
she received another dos	e in the morning at					
5:30 o'clock.						
Q.	Which she should not					
have received?						
Α.	Which she should not					
have received.						
Q.	And as a result of being -					
and when you were told the	hat you thought she was					
due for her own dose at	9:00 o'clock in the morning?					
. A.	That is right.					
Q.	As a result of hearing about					
that you have told us that	at you made the order at					
6:00 o'clock in the morn:	ing which is set out on					
page 76.						
Α.	That is correct.					
Q.	And you ordered a digoxin					
level to be done that day and digoxin to be held						
for the next four doses.						
Α.	That is correct.					
Q.	Were you subsequently, in					
the course of that day, i	informed as to the result					
of the digoxin level?						
Α.	No, I do not remember having					





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seen the digoxin level.

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0. Were you told Doctor. when you were told that she had received what you have described as an extra dose, that is digoxin at 5:30 o'clock in the morning.

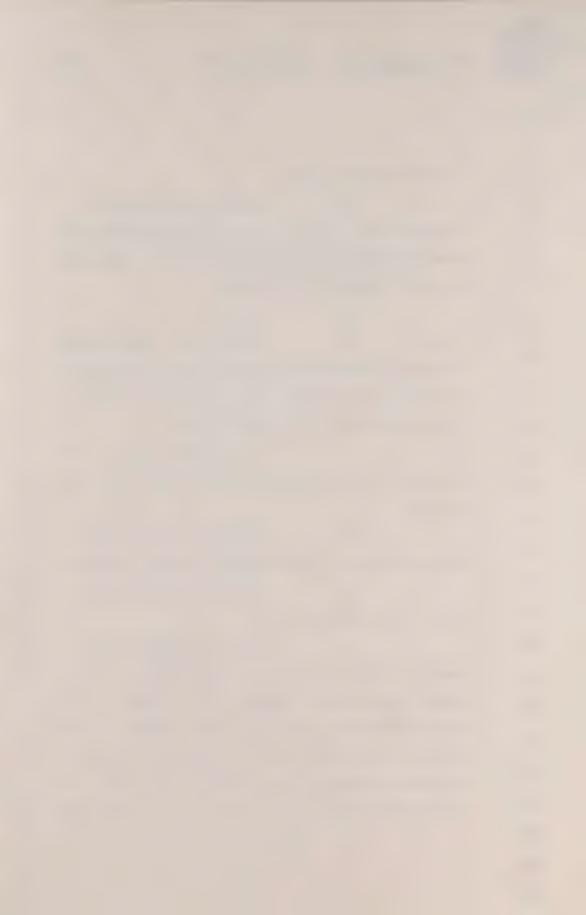
> Α. Yes.

Was it your understanding that she had received the dose that was intended for her at 9:00 o'clock that morning, or was it a dose intended for another patient?

I understood that it was intended for some other patient, I don't know which patient?

0. There was no discussion about the name of the particular patient involved? A. No, and even if there was I do not remember.

0. Doctor you may not be aware of this, but we have heard evidence from other witnesses that Kristin Inwood received a dose of digoxin intended for Kevin Pacsai. I would like your help with that. As you have told us on the same morning at approximately 4:00 o'clock in the morning you wrote your order that digoxin was



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to	be	held	for	Kevin	Pacsai,	am	I	correct?
			2	A.	That	is	3 (correct,
abs	solı	itely.	,					

0.

So would it be fair of me to suggest that at 5:30 o'clock in the morning there was no digoxin which should have been prepared or intended for Kevin Pacsai?

> Α. That is correct.

So if Kristin Inwood received a dose of digoxin intended for another patient that patient was someone other than Kevin Pacsai?

> Α. That is correct.

0. Unless there had been

some misunderstanding and someone on the ward thought Kevin Pacsai was still to receive digoxin.

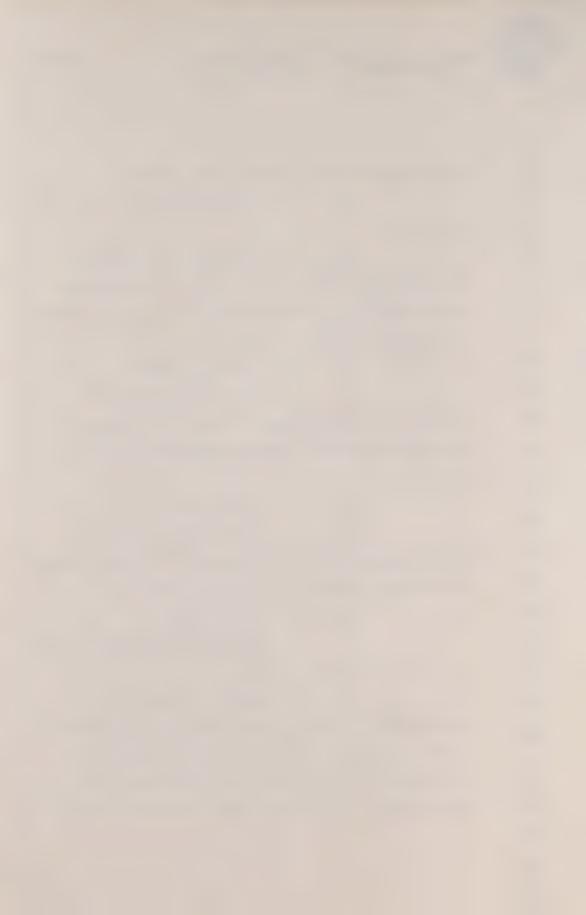
> That's correct. Α.

0. Those are two possibilities.

Α. Yes.

0.

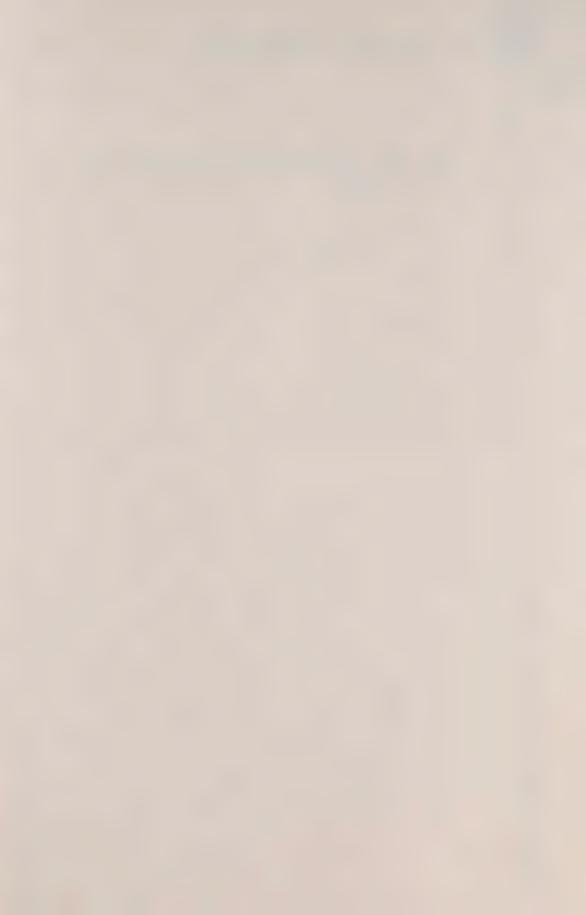
Doctor, can you help me with this. If Kristin Inwood was to have received a dose of digoxin as far as you were concerned in any event at 9:00 o'clock in the morning, what harm could be done by her having received it some





F.2.9

three and a half hours earlier at 5:30 o'clock in the morning?



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G/RD/LN

A. One dose would not have done a lot of harm. I don't think so.

THE COMMISSIONER: It depends upon the size, though?

THE WITNESS: Yes, that's correct.

THE COMMISSIONER: If the baby is on a very small dosage and if it's a large one.

THE WITNESS: Yes, depends on the size.

If it is just an adequate amount, the same amount and given an extra dose to her it should not have made a big difference.

MS. CRONK; Q. Were you told of the amount of the drugs she had been given, Doctor, because you will notice it is not recorded on the incident report?

A. No.

Q. You were not told at the time or you simply don't remember that today?

A. I do not remember.

Q. Would it be fair of me to suggest it is likely that you would have been told the amount involved?

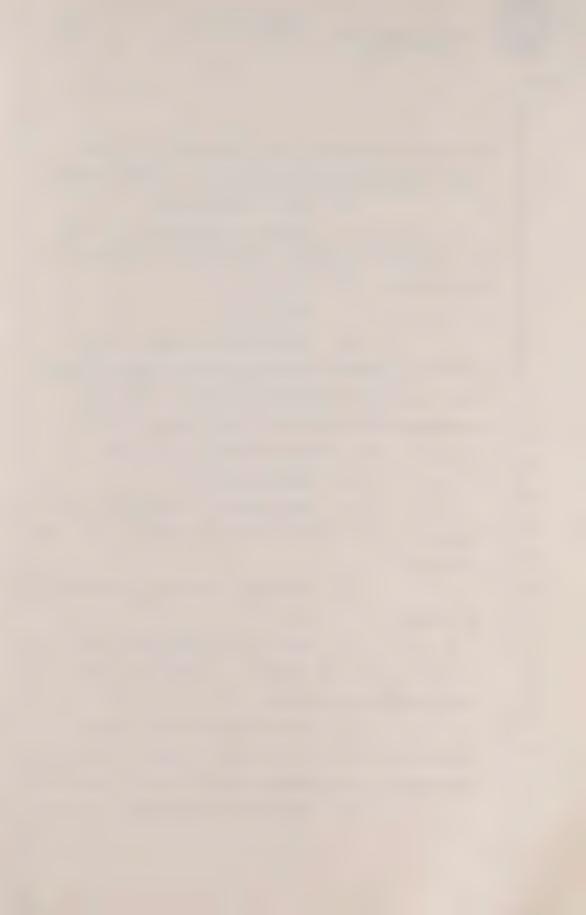
A. I think so.

Q. In any event, you did order a digoxin level to be taken and you have told us that



you were not informed, as to the results of that level during the course of the day; is that correct?

- A. That's correct, yes.
- Q. Doctor, I would ask you to turn if you would, to page 81 of the chart, do you have that Doctor?
 - A. Yes, I do.
- Q. You will see, Doctor, this is a clinical chemistry cumulative report and the digoxin sample on Kristin Inwood was tested -- I'm sorry, it was taken at 9:00 o'clock in the morning and then assayed and then the result was 2.6 nanograms?
 - A. That's right.
- Q. What did you, at the time, Doctor, consider to be a normal range for a digoxin level for an infant?
- A. Anything, up to 2 was considered as normal.
- Q. Would You at the time have considered 2.6 to be within a therapeutically normal range for an infant?
- A. A little higher than normal. I would have held up the 2 and then started the digoxin presuming that she received an extra dose at that time.
 - Q. And again extra dose you are

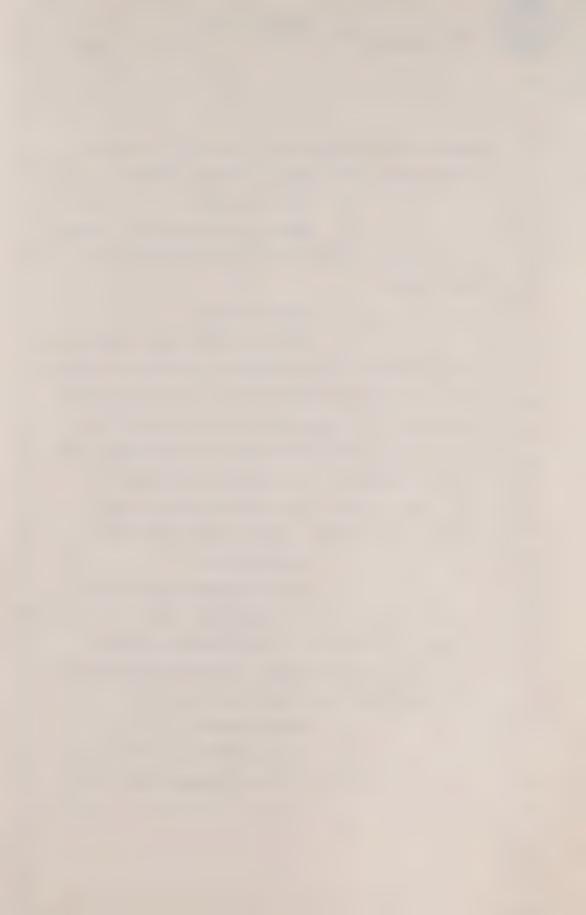


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referring to a dose really too early, 5:30 in the morning and at this stage an unknown amount.

- A. That's right.
- Q. Whatever the amount was, however it resulted in a level of 2.6 approximately three hours later?
 - A. That's correct.
- Q. Doctor, on the basis then of the fact that Kristin Inwood appears, not to have received a dose of digoxin the night before, but did receive a dose at 5:30 in the morning, which resulted in a level of 2.6, would it be fair of me to suggest that at that stage at 9:00 o'clock in the morning on March 12th, she was not over digitalized on the basis of the reading that, in fact, resulted?
 - A. That's correct.
- Q. Is the converse equally true, that although she had not received a dose at 9:00 o'clock at night, a level of 2.6 would indicate at that stage that she was not under digitalized although she had missed a dose she should have received?
 - A. That's correct.
- Q. Is that something that can fairly be taken in clinical terms from a level of that kind?



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	A	I'm	not	sure.	I	don't	knov
hat I have	the deta	ils.	I a	am not	an	expert	on
igoxin.							

Doctor, this may be a question 0. that you won't be able to help us with, but had you known on the morning of March 12th that she had not received her dose of digoxin the night before, but had received a dose at 5:30 in the morning and you were told that the level was 2.6, would that have caused you any concern?

Yes, I would have withheld the dose, because I would have felt 2.6 was high and I would have withheld the dose and restarted the digoxin.

Q. That, in fact, was the order you did make, without knowing the level?

> Without knowing the level, that's Α.

You told us you worked the 0. balance of the day on March 12th?

> A. Yes.

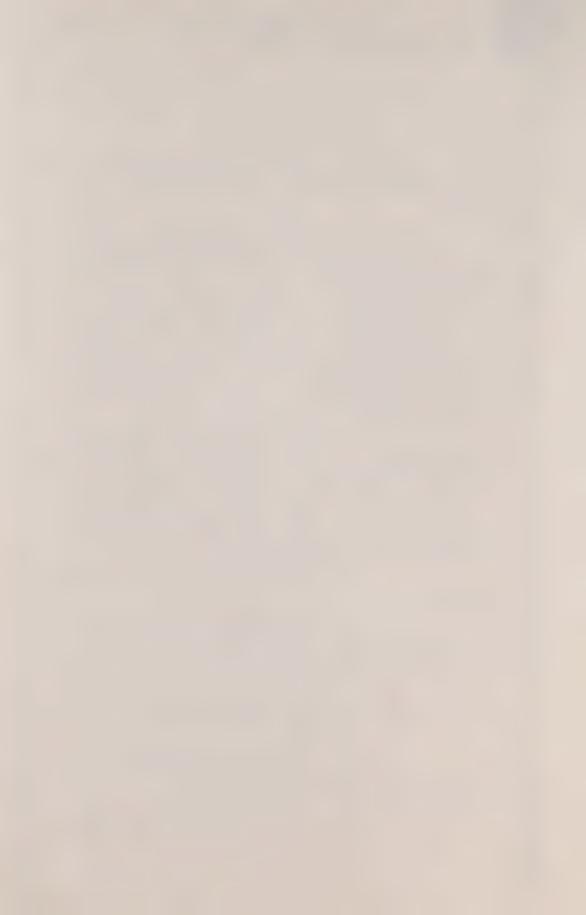
Were you on call that night as well? Q.

A. No.

When did you receive the 0.

Hospital that day?

Around 5:00 or 6:00 o'clock. A.



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0. And again before you left at the time of turning over the patients to another resident, did you discuss the case of Kristin Inwood with the resident coming on duty?

> Α. Yes.

Was that Dr. Soulioti?

Α. Yes.

0. What was your impression of Kristin Inwood's condition when you left for work that day?

She was normal, very stable state. A. I didn't expect any problems with her.

Q. By the time you left you told us you were not aware of what the digoxin level, in fact was?

> Α. Yes.

Although you had ordered the 0. tests to be done?

Yes.

Were you watching throughout the day for any clinical symptoms of digoxin toxicity?

Yes. We may have taken rounds several times after that. We do our own rounds in the morning with the residents and the nurse. Then we go on rounds with a staff person and then if there



G6

are any problems we are then in the wards and at 6:00 -- 5:00 o'clock in the afternoon we do rounds to give over.

Q. Right. So you would have seen her a number of times throughout the day?

A. That's correct.

Q. At any time before you left work that night, Doctor, had you observed any thing clinically which you felt to indicate to be a symptom of possible digoxin toxicity in this child?

A. No.

Q. Had you observed anything which led you to conclude that she was in critical condition by the time you left work that night?

A. No.

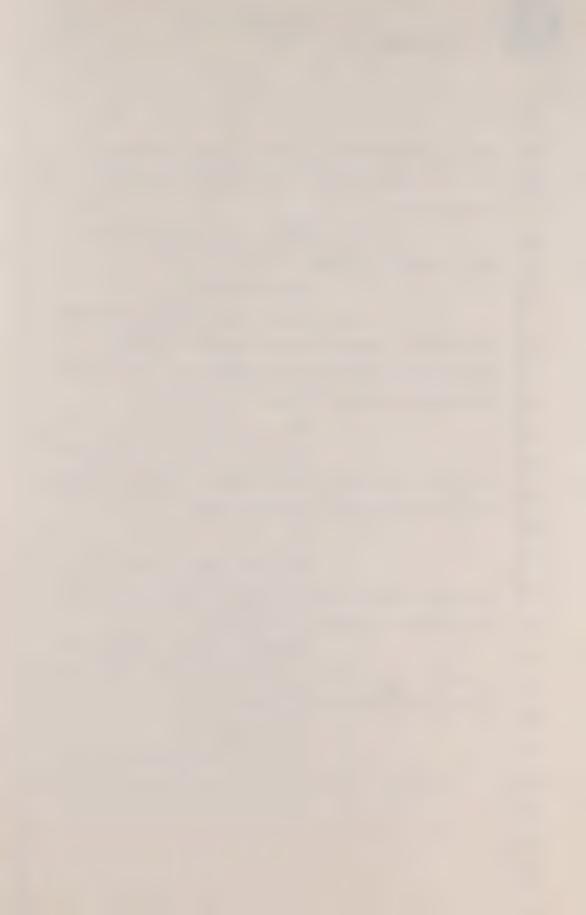
Q. Was there anything about her condition which suggested in your mind that she was at risk of a sudden deterioration?

March 13th to work during the day?

A. That's correct.

Q. And you arrived at work and were you told that Kristin Inwood had died during the night?

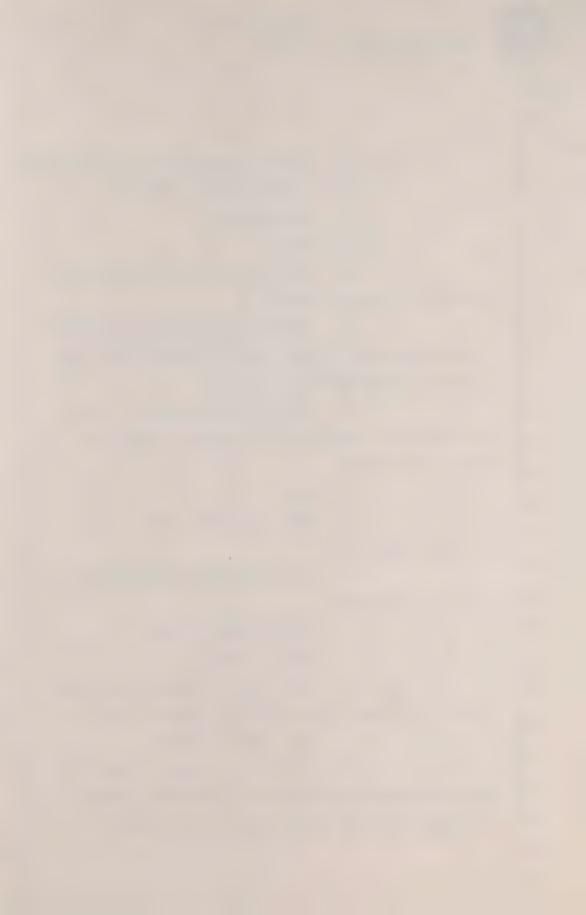
A. Yes.





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2	Q.	Do you remember who told you that
3	A.	Alexie Soulioti told me.
4	Q.	Dr. Soulioti?
5	A.	Yes.
6	Q.	What was your reaction when you
	learned of Kristin's	death?
7	Α.	I was surprised, real surprised,
8	because that was the	last child I thought would turn
9	this bad to the point	of dying.
10	Q.	Was Dr. Soulioti able to offer
11	or advance any explan	nation to you as to what had
12	caused her to die?	
13	Α.	No.
	Q.	Was it a matter, you in fact,
14	discussed with her?	
15	Α.	Yes, we discussed and she had
16	no real explanation.	
17	Q.	Did any occur to you?
18	A.	No, it didn't.
19	Ω.	Was it your impression that she
20	shared your great sur	prise of this child's death?
21	A.	Yes, that is correct.
	Ω.	Did either of you, in light of
22	your puzzlement and s	surprise at her death, discuss
23	her death with any of	the staff cardiologists?
24		



	Α.	Yes,	it	was	brie	Ely	disc	us	sed
and we talked	about	her,	but	agai	n nol	oody	cou	ıld	come
up with a sati	isfacto	ory ex	plan	atio	n as	far	as	I	was
concerned.									

Q. Do you remember now, Doctor, who you did in fact discuss it with?

A. I think Dr. Fowler was on the ward and I discussed it with Dr. Fowler on the rounds at 9:00 10:00 o'clock.

Q. Do you recall now what discussions were put forward, if any, as to the cause of the child's death?

A. No.

Q. Are you saying you don't remember any explanations having been brought forward at that time or you don't remember what they were?

A. Well, we thought of different possibilities, but not really one where we could put our finger on that definitely this was the cause of death and we said, well, we will wait for a pathology report to see what really had gone wrong.

Q. Do you recall now, Doctor, what the possibilities were that were being discussed on rounds that morning?

A. The possibilities always remained





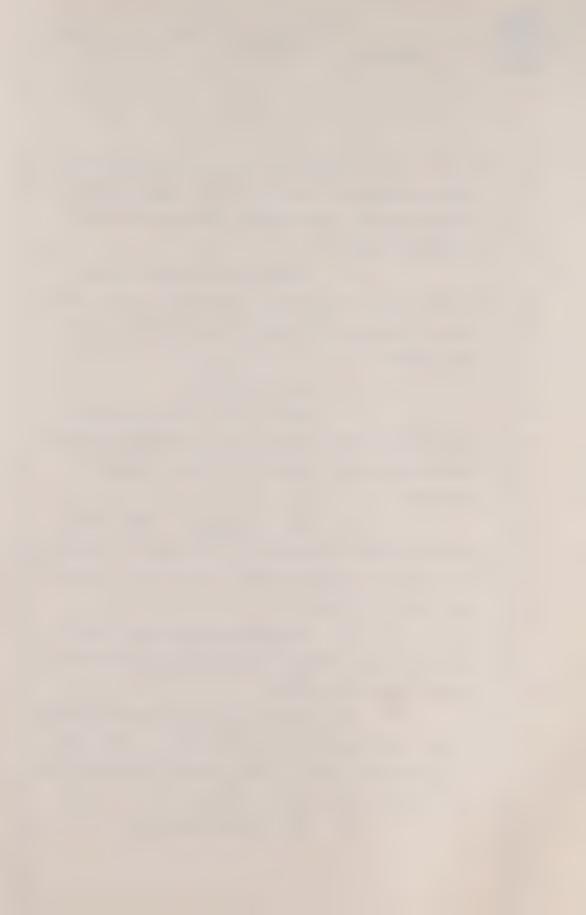
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similar like, structural lesion of the heart or the conduction abnormalities which could have occurred out of the blue, just came out and that could have caused her death.

- Q. Doctor, did someone, be it
 Dr. Soulioti or anyone else suggest to you that there
 had been evidence of conduction abnormalities prior
 to her death?
 - A. No, she didn't.
- Q. Do you, in fact, have a clear recollection today, Doctor, as to what explanations were canvassed that morning on rounds, one way or the other?
- A. No, not exactly. Nobody knew the exact cause of death, so it was kept on and discussed once we get a pathology report to see what had gone wrong with the child.
- Q. Were you as surprised, Doctor, with the death of Kristin Inwood as you had been with the death of Kevin Pacsai?
- A. More with Kristin Inwood although we didn't put any special pattern to it. None of us put any pattern to it. I was much more surprised with Kristin than Kevin Pacsai's death.
 - Q. Why is that, Doctor?



G10

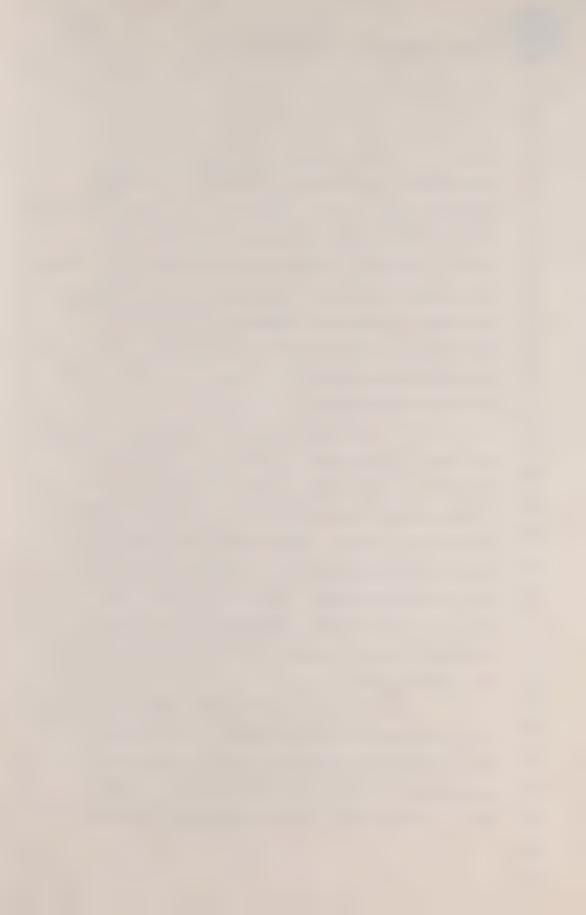
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episode of a type he had in Hamilton, of a sudden
episode of some sort of abnormality. I think it was bradycardia and he was in congestive heart failure in
a shock like state and when he comes back to our own word
for investigation he may have got a similar episode
with what I thought was a conduction heart block. He
had evidence of that conduction heart block, so he
had conduction abnormality. That, in my mind, could
have explained his death.

For Kristin I was not sure because Kristin was stable at the time I saw her. Kristin had no problems in between when I was there until the time I left and when I gave over to Dr. Soulioti I never expected her to die. The next morning I come and I see she has no conduction abnormalities and nobody could resuscitate her. Nobody on the part of the fellow or staff person, could give me satisfactory explanation as to the cause of death. We were waiting for a staff report.

In part, I think what happened was they were suspicious. The staff people were suspicious that something was happening here and maybe they didn't want to talk about it more to us. I didn't know. It was like a closed thing that we were not



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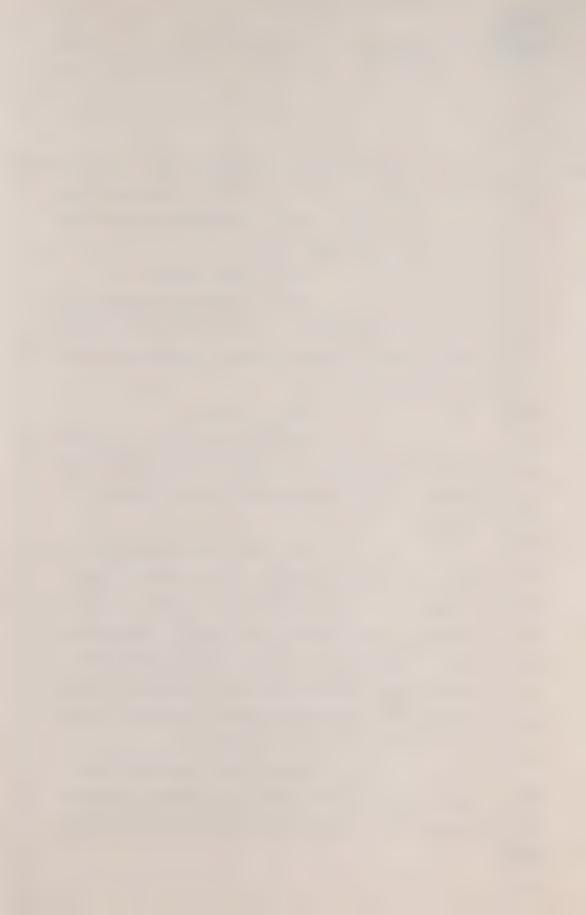
told what was going on. We were not sure. So we did more for discussion at our level then to the staff level.

Q. By "our level" you mean amongst your fellow residents?

- A. Yes, that's correct.
- Q. Doctor, you have suggested that there was no explanation advanced to you for Kristin Inwood's death. Was that not in fact also the case for Kevin Pacsai?
 - A. That's correct.
- Q. In your own mind, is it fair of me to suggest that you regarded both of those deaths as being very surprising based on what you had observed?

A. Yes, but I was not an expert in cardiology. What happened is I had received some training and I like cardiology very much. I had more interest in that subject, and in fact, I knew quite a bit of cardiology. From the Centres where I was trained before there were not so many deaths. There was not much problem with babies, as I encountered at the Hospital for Sick Children.

Q. Doctor, as it happens by the morning of March 13th, when you learned of Kristin Inwood's death, there had been seven deaths in seven

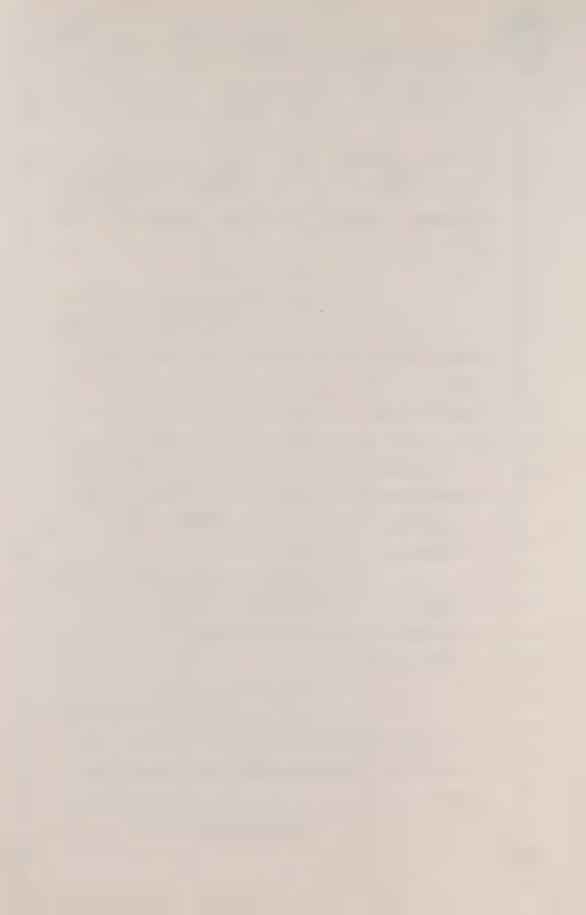


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days on the cardiac wards. Were you aware on the morning of March 13th that there had been a series of deaths, indeed, that many over the course of some seven days?

- A. That's correct.
- Q. Were you aware of it, Doctor?
- number of deaths, but then the cardiology ward is such a ward where very sick babies are admitted. We presumed there is sometimes ups and downs in the ward and it could be the peak period. We didn't put a certain pattern to those deaths. We thought they were not explained, that we would see more closely the pathology report and go from there. We didn't put any set pattern to those deaths.
- Q. From you own experience, Doctor, you knew that Michelle Manojlovich had died in the early hours of the morning on those wards, as you had been present?
 - A. That's correct.
- Q. And you knew that Kevin Pacsai had gotten into difficulty in the early hours of the morning on ward 4B because again you had been there?
 - A. That's correct.



G13

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	Q.	And you	knew t	hat Kristi	n Inwood
had gotten :	into diffi	iculty i	n the ea	arly hours	of
the morning	because I	or. Soul	iotti ha	ad informe	ed you
of the death	n. Isn't	that s	0?		

A. That is correct.

Q. Did you regard the fact that those children developed the difficulties in the early hours of the morning and went on to arrest and an unsuccessful resuscitation as being unusual?

A. Yes. Unusual, but I didn't think about this kind of thing, like somebody purposely killing the babies or purposely administering digoxin.

That never came to any of the minds.

Q. I understand Doctor. You are telling us the possibility of foul play being connected with those deaths was not something that occurred to you at the time?

A. Absolutely. You take the words from my mouth.

Q. Perhaps it was the other way around, Doctor.

In any event, at the time did you regard the fact that at least those three children had gotten into trouble in the early hours of the morning as being unusual?



at the time?

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- Α. That is correct.
- That was a feature you noted 0.
- Α. Yes.
- Q. Was it something that was discussed by you with your fellow residents?

A. No. Each one noticed, but didn't pay a lot of attention to it. It was a pattern we all noticed that there were lots of deaths early in the morning, but we didn't think it was anything unusual.

Q. You didn't regard the timing of the events as being unusual, Doctor?

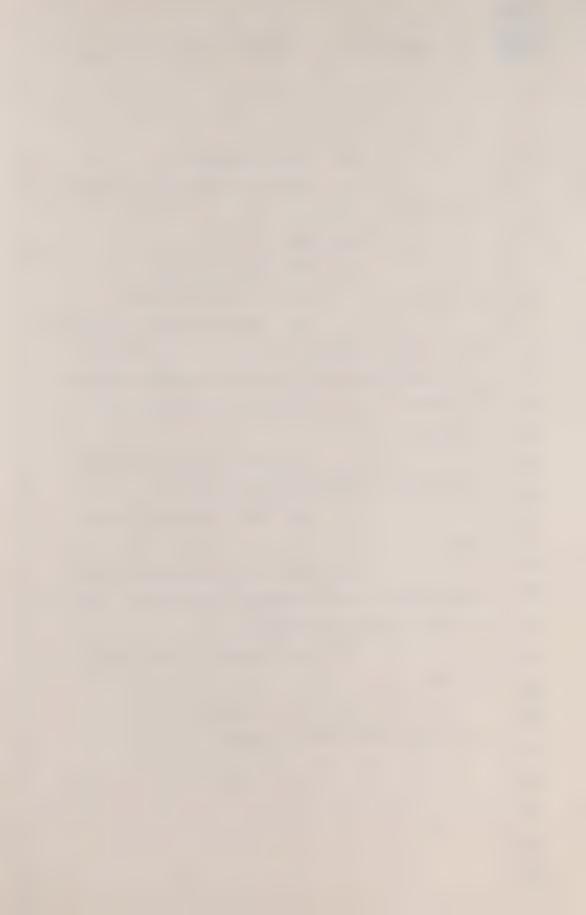
A. No. Well, you know, I'm not

MS. CRONK; Mr. Commissioner, I am about to move into the area of Justin Cook. Would you care to take a break now?

THE COMMISSIONER: We will take 20

MS. CRONK: Thank you, Doctor.

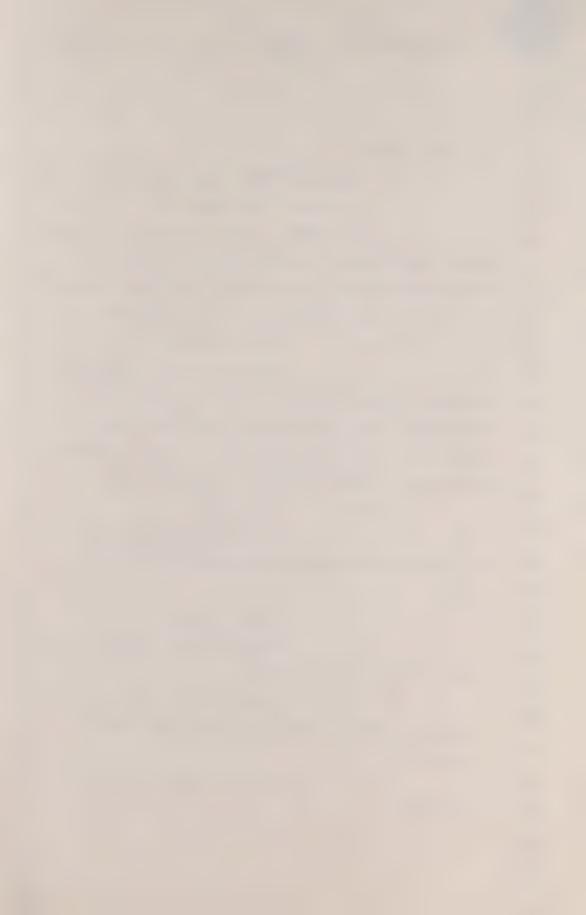
--- (Hearing adjourned for recess)



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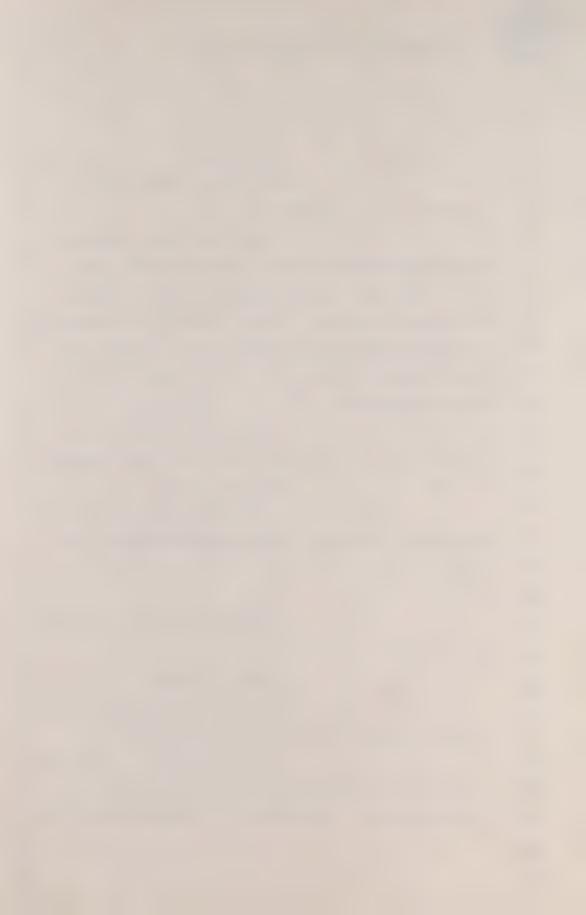
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2	Upon resuming
3	THE COMISSIONER: Yes, Miss Cronk.
4	MS. CRONK: Thank you, sir.
5	MS. CRONK: Q: Dr. Kantak, as I under-
6	stand it you worked during the course of the day
7	on the Cardiac Ward on Saturday, March 21st, and as
	well were on call that night; is that correct?
8	A. That is correct.
9	Q. We have heard through other
10	evidence, Doctor, that Justin Cook was admitted to
11	the Hospital the previous night (that is Friday,
12	March 20th). Did you see Justin Cook on the morning
13	of Saturday, March 21st, when you came on duty? .
	A. Yes, I did.
14	Q. You had not been on call
15	as I understand it the night before or the Friday
16	night?
17	A. That's correct.
18	Q. When did you first see
19	Justin Cook on that Saturday?
20	A. 9:00 o'clock in the morning
	I took over from Dr. Soulioti, and at that time I
21	saw Justin .
22	Q. Did you examine the baby at
23	that time?



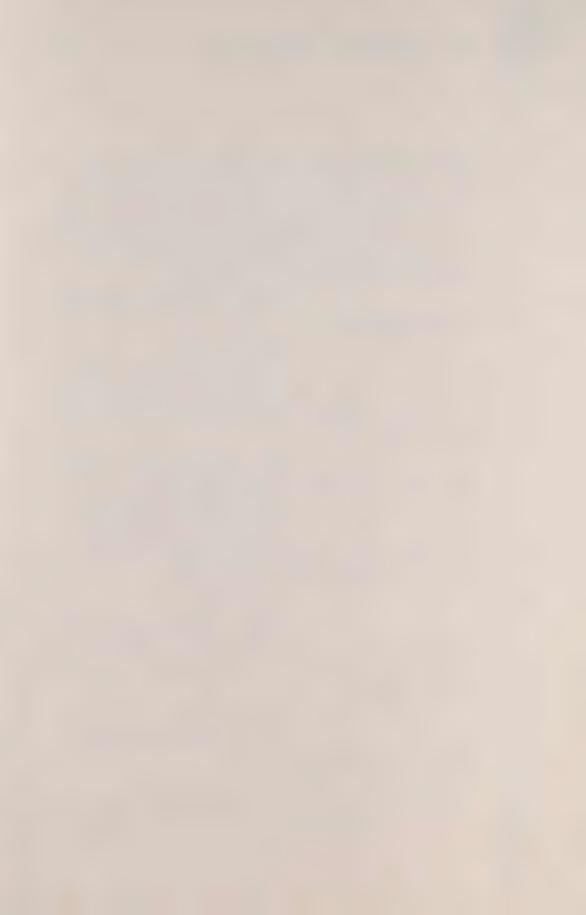


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2	A. Yes, I did.
3	Q. All right. What was his
4	condition as you observed it?
5	A. Justin had severe anatomical
6	heart disease with structural abnormalities in the
	heart. That was a provisional diagnosis, and what
7	was planned on him was to have a cardiac catheterization
8	to better delineate his cardiac status. He was blue,
9	and otherwise his heart rate was all right. And he
10	was breathing okay.
11	Q. There was no difficulty with
12	his respiration or his heart rate, but he was cyanosed?
13	A. That is correct.
	Q. And in fact we do know that he
14	did undergo a cardiac catheterization procedure that
15	day?
16	A. Yes.
17	Q. And was subsequently returned
18	to the ward?
19	A. That is correct.
20	Q. Did you see him after he
21	came back from the cath lab that afternoon?
	A. That is correct. I took over
22	again when he came back to the ward from the
23	catheterization. Subsequently Dr. Freedom who did the
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2	catheterization of him came over and talked to us
3	about what he found on the cardiac catheterization.
4	And he had already spoken to the surgeons about some
5	sort of palliative treatment for Justin which was
6	planned on next day. That is Saturday.
	Q. Surgery had been scheduled
7	for the next day?
8	A. That's correct.
9	Q. All right. Did you observe
10	any change in Justin 's condition when he came back
11	from the Cath Lab?
12	A. No. He was stable. He was
13	blue. His heart rate and respirations were okay.
	Q. And during the course of
14	your normal duties that afternoon would you have
15	looked in on Justin from time to time?
16	A. Yes, I did.
17	Q. Okay. Prior to 6:00 o'clock
18	that evening, Doctor, was Justin Cook in any difficulty
19	as you understood?
20	A. No.
	Q. His condition was stable
21	throughout the afternoon?
22	A. That is correct.
23	Q. And then we have heard that



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at 6:00 p.m.	he did experience some difficulties a	ınd
had what has	been referred to as a tet or a blue	
spell.		

- A. That is correct.
- Q. Does that accord with your recollection?
 - A. That's correct.
- Q. How did you learn, Doctor,

that he was in difficulty about 6:00 o'clock?

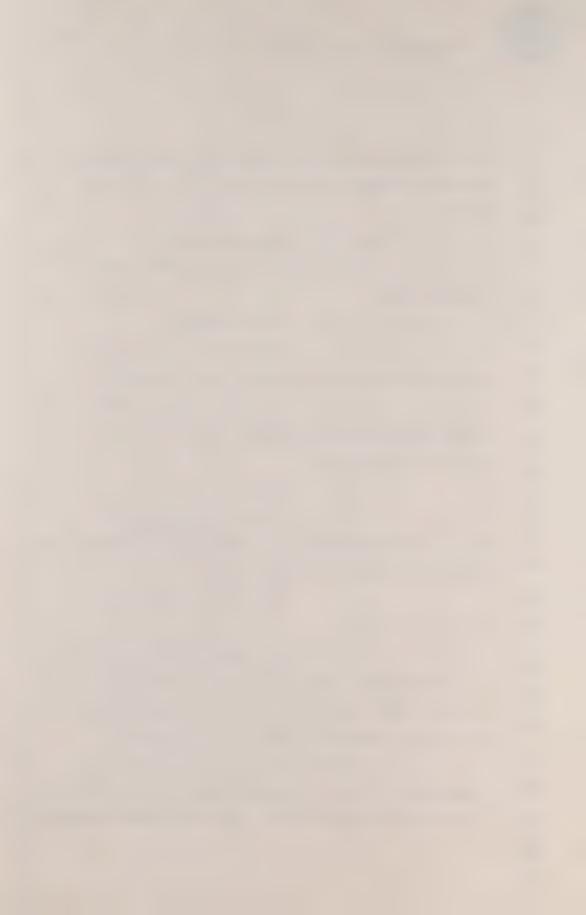
- A. I was in the ward seeing another patient on the opposite side that is the 4B side of the ward.
 - Q. Yes.
- A. Justin was on 4A. And I saw I was called by Dr. Jedeikin who was present then at the time Justin had a blue spell.
- Q. All right. What did Dr.

Jedeikin tell you ?

A. Dr. Jedeikin mentioned to me that Justin had a tet spell or output obstruction and that he turned very blue; that his murmur disappeared and every evidence was that he had a tet spell.

So what he did, he injected in him propranolol. I was not present for the first injection.

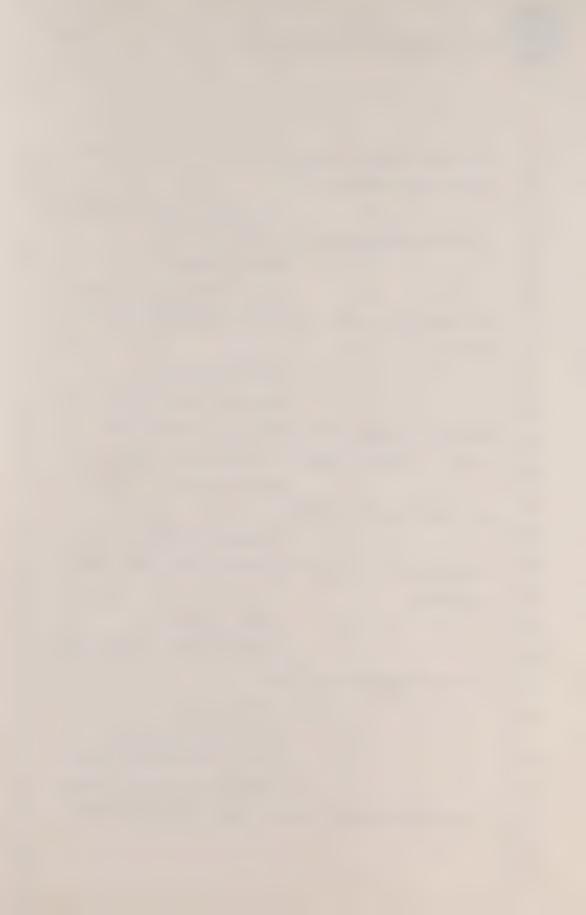
I was there for the second. And he improved considerably.



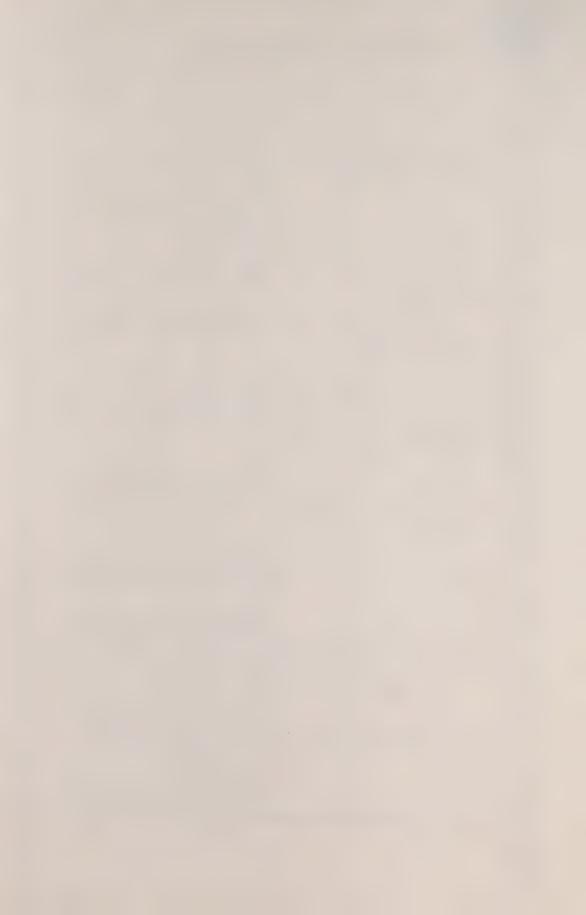
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1 2 3 both at his bedside. 4 5 Α. 6 0. 7 8 spell? 9 A. 10 0. 11 12 A. 13 was given by Dr. Jedeikin. 14 0. 15 16 observed? 17 That's correct. Α. 0. But after Dr. Jedeikin came 18 to you did you go with him -19 Yes. A. 20 - to examine the child? 0. 21 A. Yes, we were both together. 22 And are you saying, Doctor, 0. 23 that while you were in the room a second dose of

He was less blue. His murmur appeared and we were Dr. Jedeikin as I understand it was a cardiac fellow; is that correct? That's correct. And in that sense he would have been the senior physician present during the That's correct. You said that you were not present initially when Inderal was given to the child. I take it that was given by Dr. Jedeikin? That's correct. I think it You were not then in the patient's room initially when this blue spell was



1 2 Inderal was given to the child? 3 Α. Yes. 0. Who gave that dose to the 4 child? 5 I think Dr. Jedeikin gave A. 6 that dose. 7 And the child's reaction you 0. 8 have described -9 Yes. Α. 10 0. - as I understand it was a good one? 11 A. Yes. 12 The Inderal appeared to be Q. 13 working? 14 A. Yes. 15 And his condition improved? 0. 16 Α. Yes. Q. Doctor, do you have Justin 17 Cook's chart there in front of you? 18 Α. Yes. 19 Could I ask you to turn if 0. 20 you would to page 27? Do you have that, Doctor? 21 A. Yes, I have it. 22 I would ask you to look at Q. 23 the first note which appears on page 27. It is a 24 25



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nursing note made by Mrs. Sui Scott. And specifically she indicates at 1800 hours or 6:00 o'clock the babe became very pale and cvanotic, and then she indicates on the next line that Inderal was given intravenously by Dr. Kantak and Dr. Jedeikin and 100 per cent oxygen was given with, I take it, improvement.

Do you see that answer?

Yes, I see that, ves.

0. All right. Doctor, I can tell you that it is my understanding that one dose of Inderal was given at 6:00 o'clock and it is that dose which is referred to in Mrs. Scott's note.

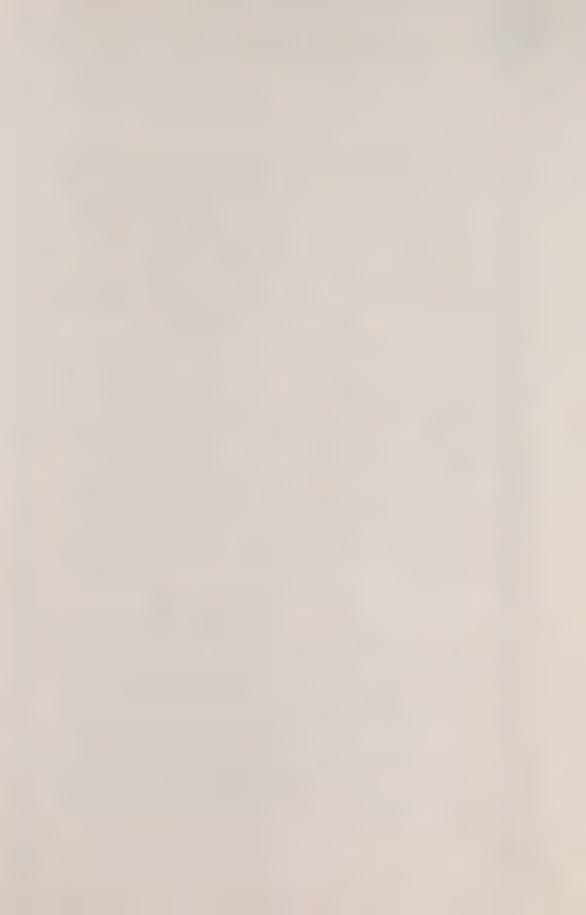
Was it your understanding that when Dr. Jedeikin came and spoke to you about Justin's condition he had already given a dose of Inderal to the child?

A. That is correct.

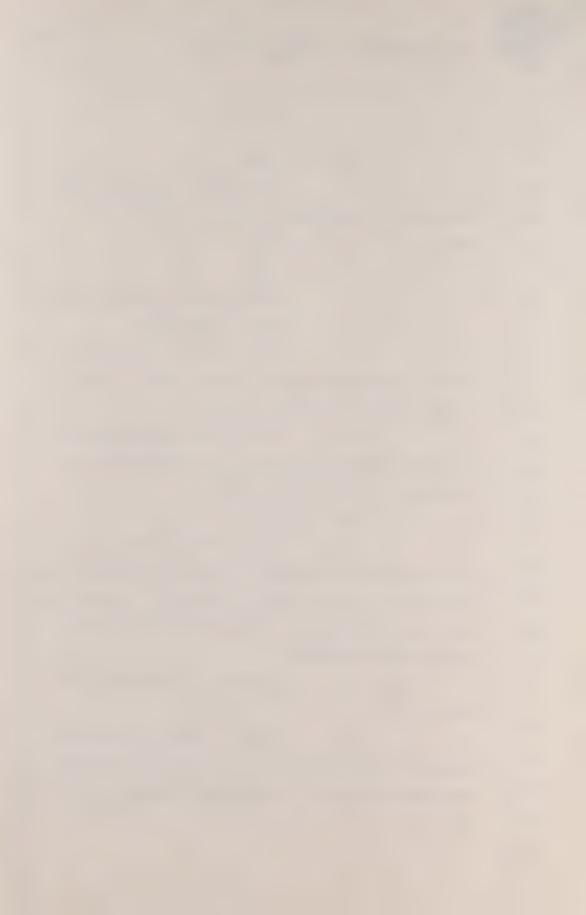
You recall being in the room 0. when a second dose was given?

I had not participated in Α. the injection at that time.

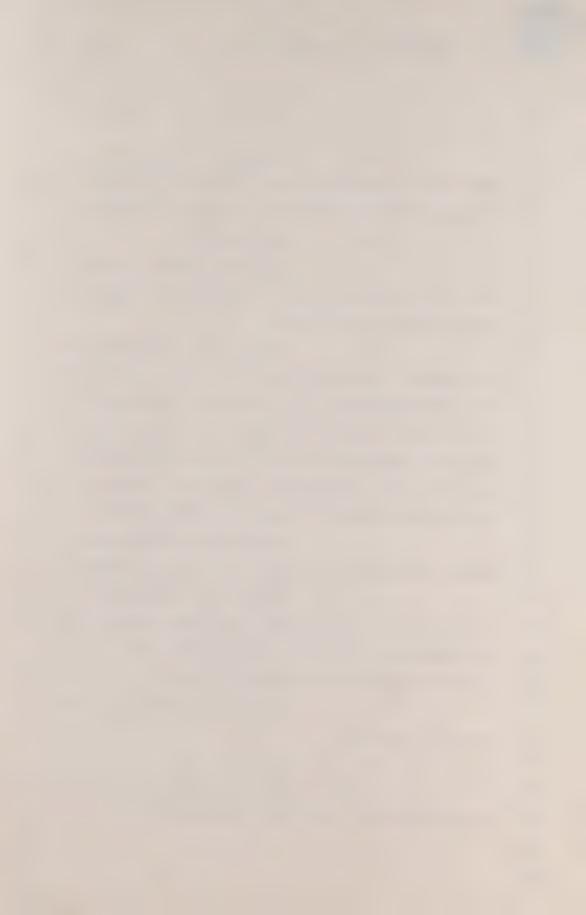
I understand that you said 0. that you didn't give the child a dose of Inderal, but were you in the room when a dose of Inderal was given by Dr. Jedeikin?



73	Van
Α.	Yes.
Q.	All right. So that as you
time?	were given to him at that
A .	Yes.
Q.	
Α.	And the child responded well? Yes. Really well.
Q.	Did you and Dr. Jedeikin
	ent for the child in light
of that episode at 6:00	
Α.	Yes. Precisely because of
his episode that we disc	ussed this plan of him and
I indicated in my orders	
Q.	14.
A.	Yes, - that we increase
his oral dosage of propr	anolol; be kept constant care
which means 24 hours nur	se with the baby, and we wrote
only for a milligram of	propranolol to be fixed at
the foot end of the bed.	
Q.	And you also ordered clear
luid?	
Α.	Yes, we ordered clear fluid
and nil by mouth, nothin	g to be given by mouth after
1400 hours because of hi	s scheduled surgery on the next
day.	



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2	Q. All right. He was to be
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5	A. That's correct.
6	Q. All right. Doctor, whose
7	idea was it initially to order Inderal to be kept
8	by the bedside of the child?
	A. It was a collective decision
9	Dr. Jedeikin - we talked and he said that maybe Justin
10	requires propranolol to be available immediately if
11	he gets into trouble, if he gets another tet spell or
12	blue spell, and that it should be fixed at the foot
13	end of the bed. In fact, Dr. Jedeikin I remember
14	was overlooking me as I was writing those orders.
15	Q. Where were you writing the
	orders? Were you in the child's room or elsewhere?
16	A. No, at the nursing station.
17	In fact, if you see them one, two, three, four, five,
18	my handwriting. The last constant care is Dr.
19	Jedeikin's handwriting although I signed
20	Q. So the first portion of the
21	order is your own?
22	A. Yes.
23	Q. But the words, "Constant care"
	are written in Dr. Jedeikin's handwriting?
24	



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A.	That	is	correct.
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Q. Had you ever before in your experience on those wards or elsewhere in the Hospital, Doctor, seen or participate in a physician's order to keep a drug by the bedside of a patient?

A. Yes. I have not only the

Hospital for Sick Children but other Hospitals where

I worked. For example, children with febrile convulsions

or seizures, is to order that valium be fixed at the

foot end of the bed so it would be available immediately

to be given.

Q, Had you ever seen that done before at the Hospital for Sick Children, Doctor?

A. Yes. I have done it once before in the Hospital for Sick Children. Just once.

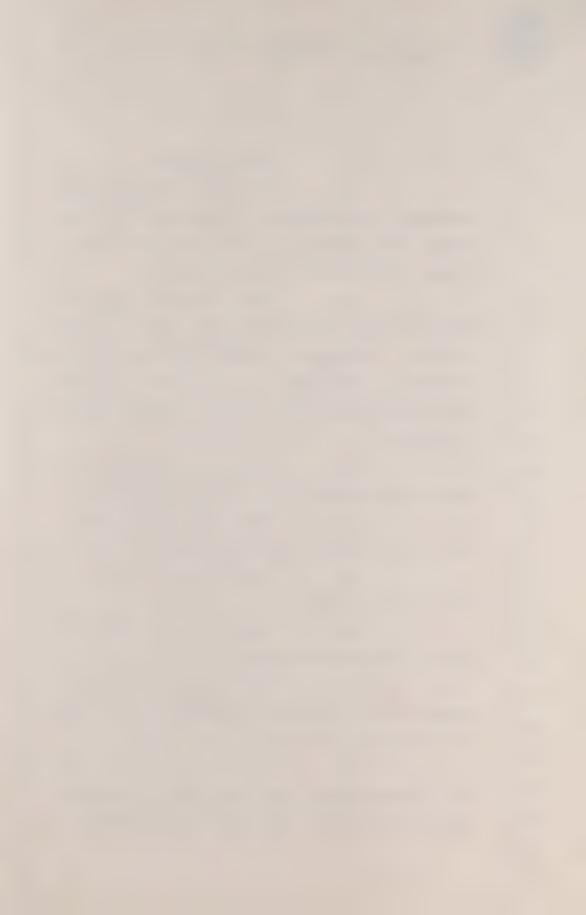
Q. Prior to the occasion

involving Justin Cook?

A. That's correct. When I was working on the general wards.

Q. Did either Dr. Jedeikin or yourself at that time have any explanation for what had caused that blue spell at 6:00 o'clock?

A. Yes. In fact we have seen many of these children with this type of structural lesion which has been much - not exactly similar but





somewhat similar, and these children sometimes go into tetralogy or tet spell, blue spell, yes.

Q. I take it then you didn't regard it as unusual?

A . No.

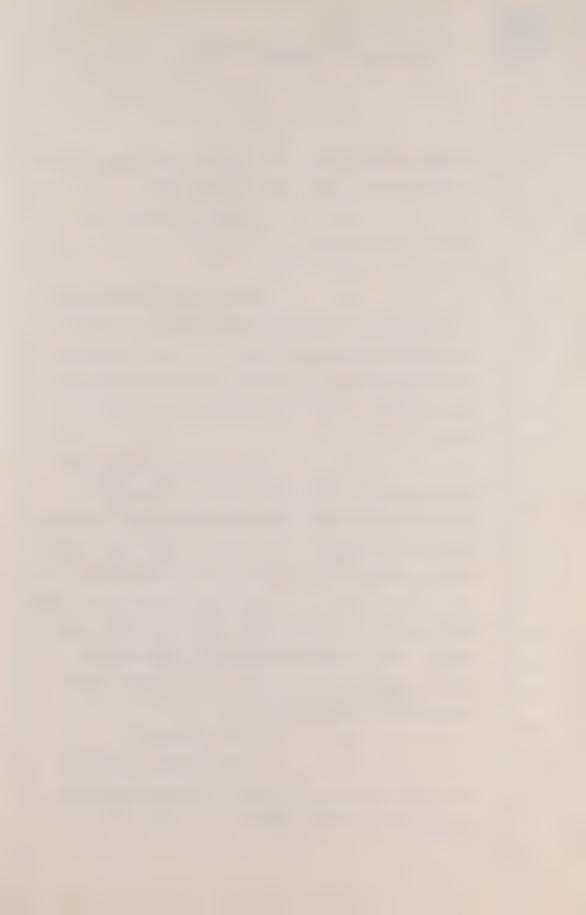
Q. Having jointly decided with Dr. Jedeikin that this medication should be kept by the bedside, did you then ask one of the nurses or any other member of the medical staff to obtain the drug and take it into the child's room to fill your order?

A. Yes. I went over the order with the nurse. I don't remember which nurse but I went over the order with her and told her that this should be carried out that this was a very sick child that may repeat itself and we should be ready for it.

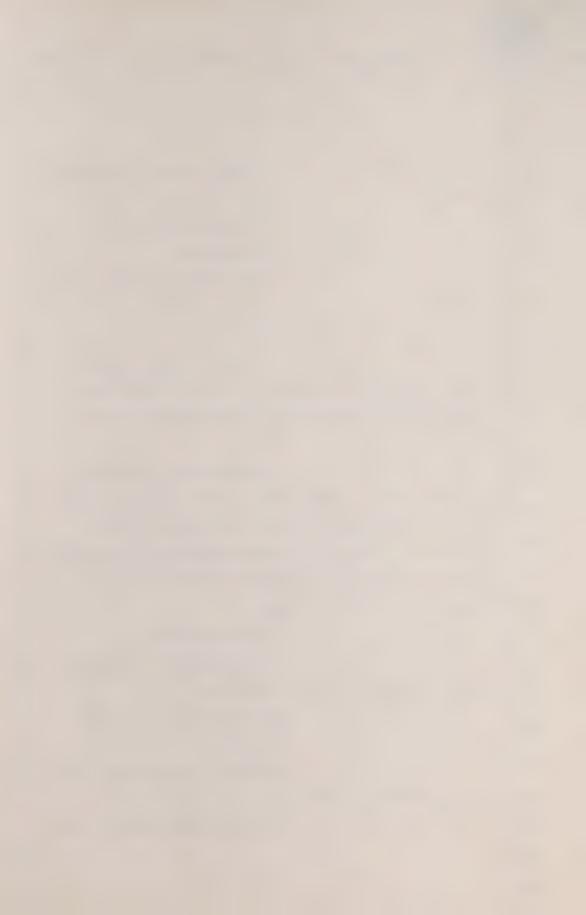
Q. Doctor, you have told us that you were at the nursing station when you wrote these orders. Was it a nurse from Ward 4A where Justin Cook was a patient or a nurse from Ward 4B to whom you gave those instructions?

A. I don't remember.

Q. Do you remember whether it was a nurse in charge or was it a nurse responsible for the care of Justin Cook?



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2	Į.	A.	I think it was a nurse in		
3	charge.				
4	Ç	2.	Charge of the ward ?		
5	Z	A.	Of the ward.		
6	H .	2.	But you don't remember which		
7	ward?				
	Z ^a	7.	No.		
8	Q	2.	But did you see a nurse		
9	carry out your i	nstructio	ns? That is, obtain the		
0	medication and t	ake it in	to Justin Cook's room?		
1	A	١.	No.		
2	. 0	2.	And while you were still		
3	in Justin Cook's	room, Do	ctor, with Dr. Jedeikin was		
}	there any discus	sion at t	hat time in the room by		
4	either Dr. Jedei	kin or yo	urself with any of the nurses		
5	to go and fetch	to go and fetch this drug and to bring it back to			
6	place it by the	child's b	ed?		
7	A		I don't remember.		
8	Q		It is possible a discussion		
9	could have taken	place in	the room?		
0	A		Sure, it could have been.		
1	Q		Well, while -		
100	A	I	More than likely could have		
2	been in the room	, yes.			
3	Q		While you were still in the		
4					



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child's room, Doctor, do you remember anyone coming back in with the drug and attaching it to Justin Cook's bed?

A. No. While I was there I didn't see it.

Q. It is possible then I take it that it could have taken place but you did not see that happen?

A. No.

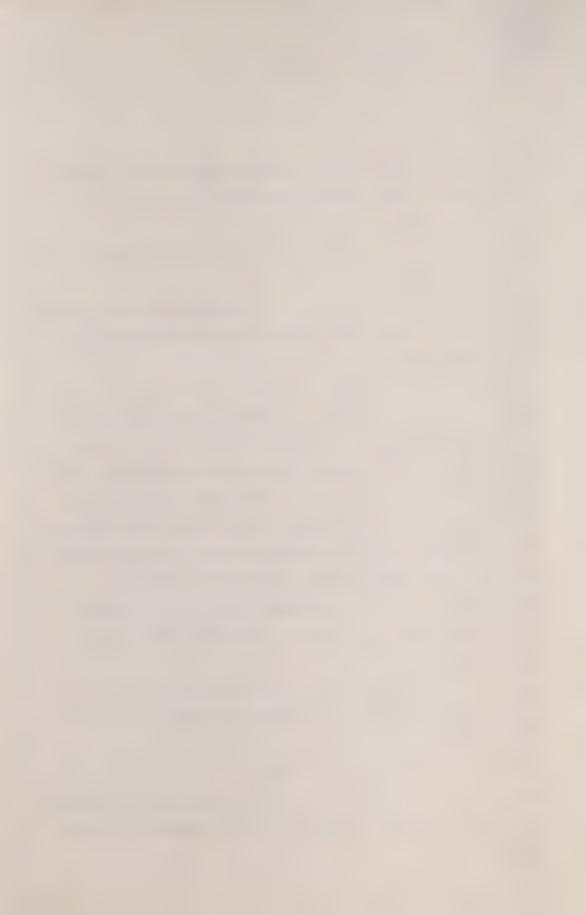
Q. After you had written these orders, Doctor, did you then throughout the course of the evening observe Justin Cook from time to time?

A. Yes. From 6:00 o'clock to about 9:00 o'clock both merand Dr. Jedeikin had spent several - we went in several times to observe Justin and from 9:00 o'clock or 10:00 o'clock when Dr. Jedeikin left till midnight, 1:00, 1:30, I several times visited the child. Then just before I went to bed.

Q. Did you leave the ward at your usual time to go to bed that evening, 1:00 or 1:30?

A. Yes.

Q. At any time from 6:00 o'clock until you left the ward to go to sleep did you notice





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any further change in Justin's condition?

A. No. He was stable.

Q. I'm sorry?

A. He was stable.

Q. He was stable?

A. Yes.

Q. What about his colour, Doctor?

Was there any difficulty?

A. No. He was blue. He was as usually blue. He had his murmur and he looked comfortable.

Q. When you say he has his murmur do I take it correctly from that that there was no abnormality on the monitor; that you could hear the child's heart; there appeared to be no difficulty?

A. No. That's correct.

Q. And that was your impression when you went to bed ?

A. Yes, that's correct.

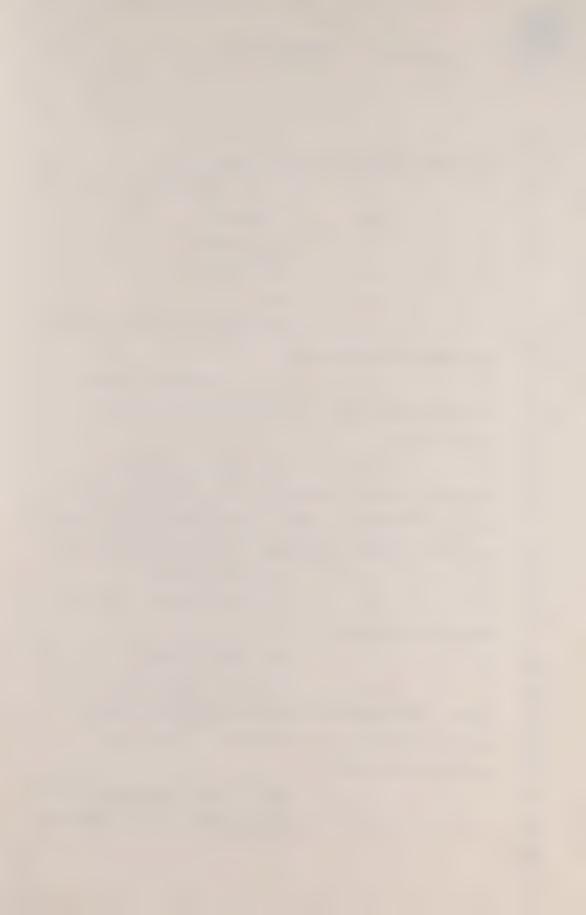
Q. It is our understanding,

Doctor, that Justin Cook was not prescribed digoxin

at the Hospital for Sick Children. Is that your

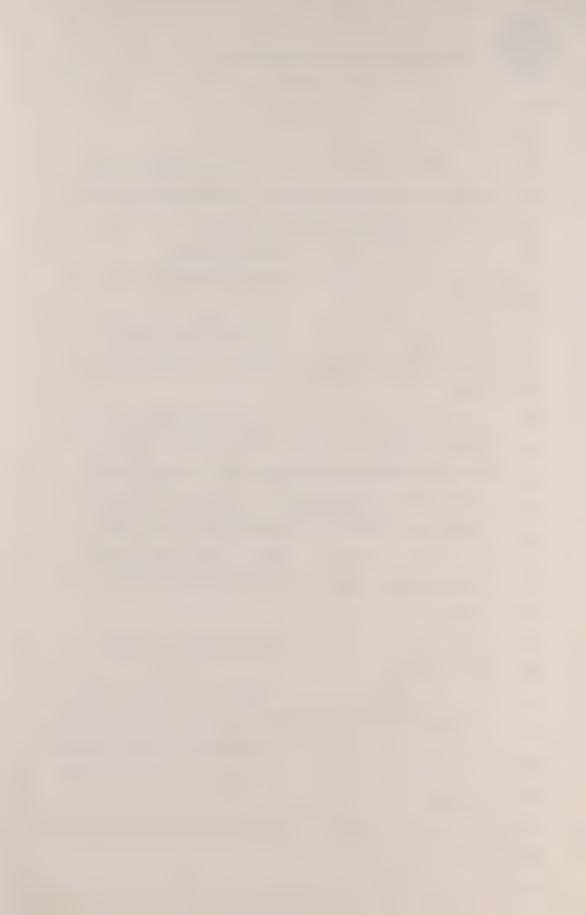
understanding as well?

- A. Yes. It was contraindicated.
- Q. And you knew that at the time?



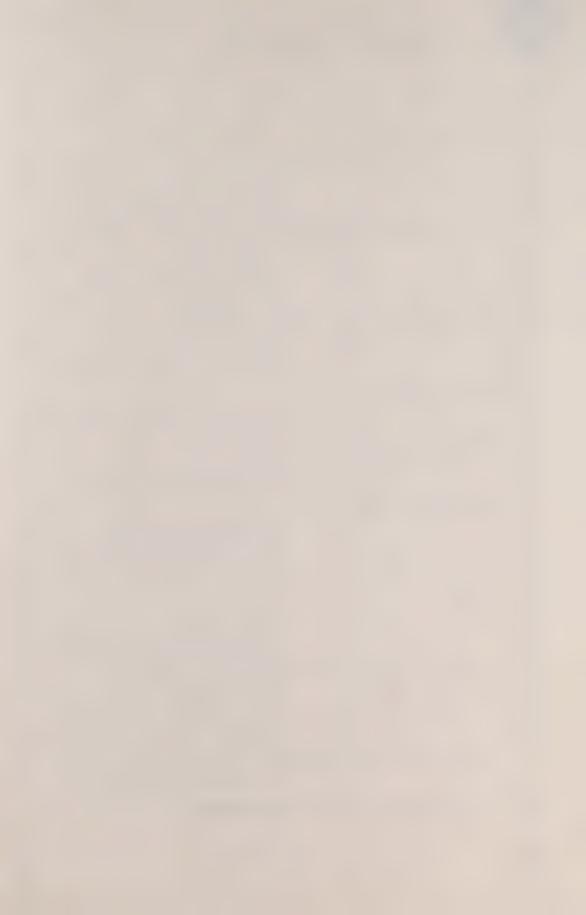


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2	Q. And having left the ward
3	around 1:00 or 1:30 were you subsequently called to
4	come back and see the patient?
5	A. That's correct.
6	Q. Do you recall what time it
	was?
7	A. I think it was early in
8	the morning; 2:30, 3:00 o'clock. I not recall exact
9	time.
10	Q. All right. Perhaps we could
11	come to that in a moment. But, Doctor, before you
12	left the ward to go and get some sleep at 1:00 or
13	1:30 in the morning did you notice anything taped to
14	Justin Cook's bed in accordance with the order?
	A. Yes. I recollect having
15	seen something taped to the foot end of the bed, yes,
16	I do.
17	Q. Do you recall now what it
18	was you saw?
19	A. I think - I think I saw a
20	syringe and an ampoule taped to the foot of the bed.
21	Q. One syringe and one ampoule?
	A. I'm not sure if it was one
22	or two.
23	Q. Did you note at the time and





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2	do you recall what colour	the ampoule was?
3	A.	No.
4	Q.	Did you note whether or not
5	the ampoule had been brok	en open or was it intact?
6		I'm not sure.
7	Q.	Did you in fact go over
	and examine what was tape	d to the bed?
8	A.	No.
9	Q.	Or did you simply note that
10	it was there?	
11	Α.	No, I didn't make an examimation
12	of what was taped to the	bed.
13		Do you remember what size
14	syringe it was?	
15		No. Not at that time.
		That is before you went to
16	bed?	
17		Yes.
18		Do you know how it got there,
19	Doctor? Did you see anyo	No, I didn't.
20		Once you observed it there
21		; as to who had put it there?
22	_	No, because I presumed it
23	was propranolol which I h	
24	was propranorous miles of	
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Q. Similarly Doctor before	9
going to bed that night did you observe anyone	
administering any medication to Justin Cook other	er
than the Inderal which you saw Dr. Jedeikin give	9
him shortly after 6:00 o'clock?	

Α. No, not to my recollection. 0. Did you yourself administer any medication to him before going to bed that

night?

that.

A. No.

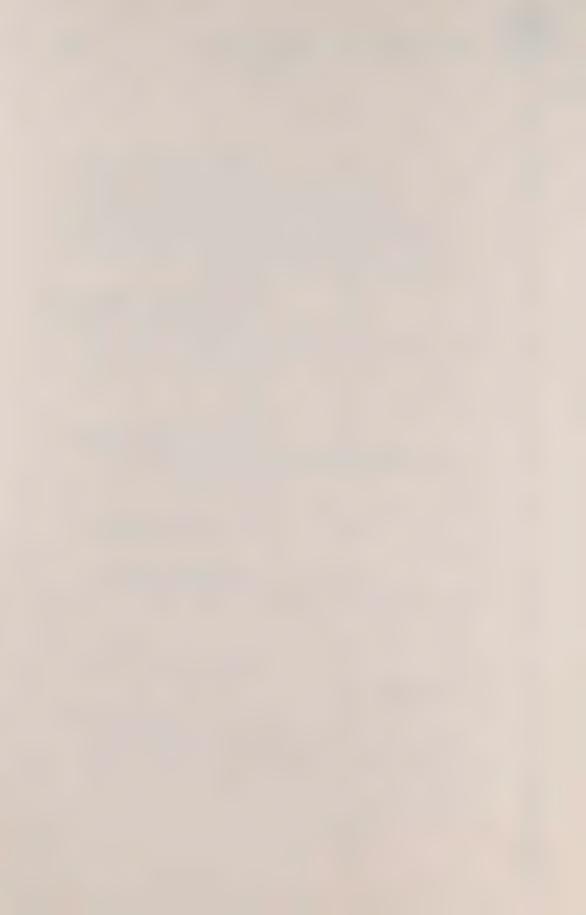
0. Did you observe anyone feeding the child that night before you went to bed?

> Α. No, I do not remember

Q. You remember that you did not see that, you do not know one way or the other?

A. I had not seen anybody feeding the child.

Q. Did you at any point that night Doctor before going to bed observe anyone handling Justin Cook's intravenous line in any way?



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A. No.

Q. And you have told us you were called back, you said you think it was about 2:30 o'clock or 3:00 o'clock but you were not sure of the exact time, is that correct?

A. Yes.

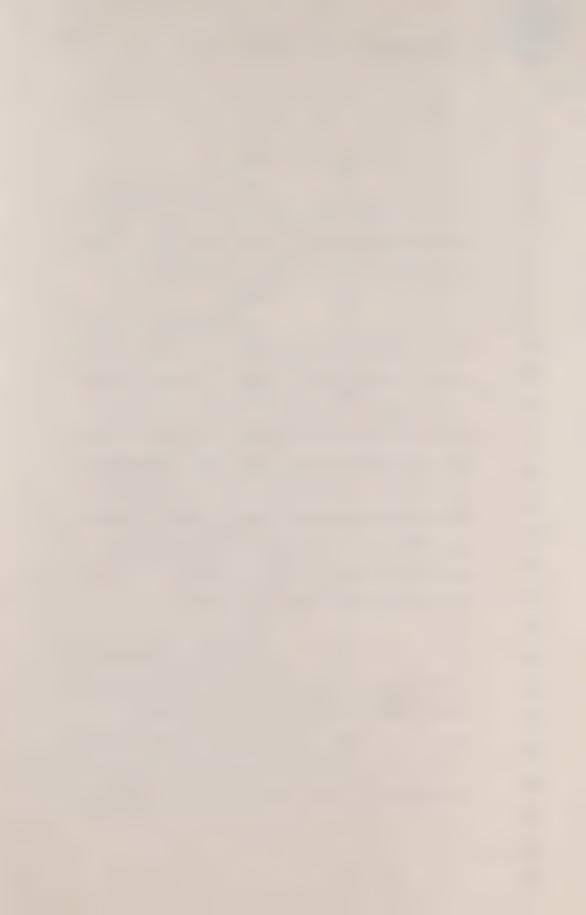
Q. Could I ask you Doctor if you would to look at page 29 of Justin Cook's chart. You will see on page 29 Doctor a nursing note written by Nurse Nelles on March the 22nd. She indicates that the child settled well after the 2:30 o'clock feeding and rested comfortably until about 3:45 o'clock in the morning when he encountered difficulty, and she goes on to describe his symptoms. She then indicates that a code 23 was placed for Dr. Kantak who arrived a minute or so later, do you see that Doctor?

A. Yes.

Q. That would suggest would it not that you arrived, if these notes be accurate, shortly after 3:45 o'clock in the morning?

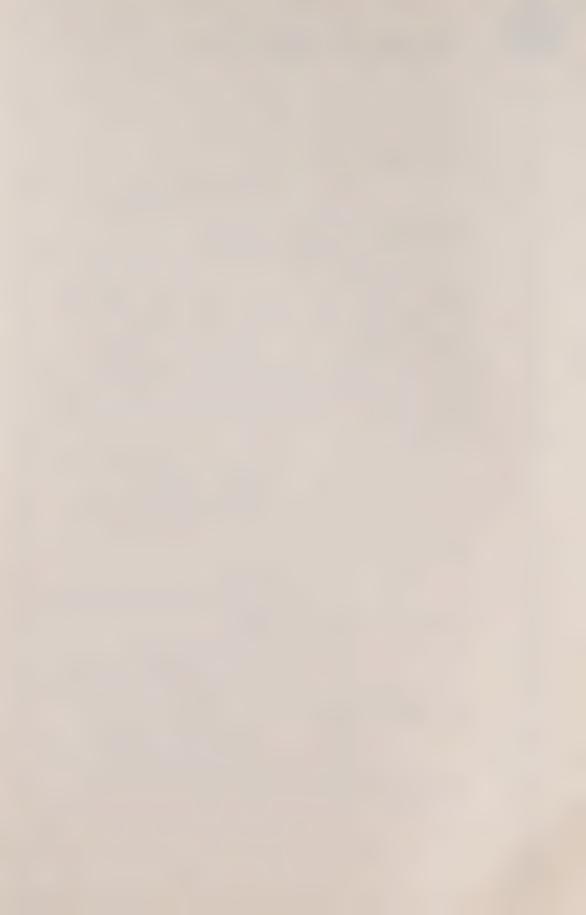
A. Yes. I think it is true.

Q. When you did arrive on the ward Doctor I take it that you went directly to



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Justin Cook's room?	
A. T	hat is correct.
Q. D.	o you recall who was
there when you entered the	room?
A. We	ell in fact I remember
seeing Susan right outside	Justin Cook's room near
the phone, because she, I	presume, she was the
person who called me. I we	ent with her so she
came with me; and I also re	emember another nurse
pulling the trolley, the c	rash cart trolley inside
the room.	
Q. As	s you entered the room?
A. Th	nat's correct.
Q. Do	you know which nurse
it was?	
A. No	· · ·
Q. Wa	as there anyone physicall
in the room when you entere	ed?
A. I	don't remember.
Q. No	w you don't remember
one way or the other?	
A. No	, I don't remember.
Q. Wh	nen you say you saw
and the standard has the	mh an a



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THE COMMISSIONER: Did you say it was Ms. Nelles?

THE WITNESS: I think I saw Nelles right at the phone, it is outside the door of Justin Cook's room.

Q. I take it there is no phone in room 418 at all?

A. No.

Q. So is that the phone by the nursing station?

> That is correct. Α.

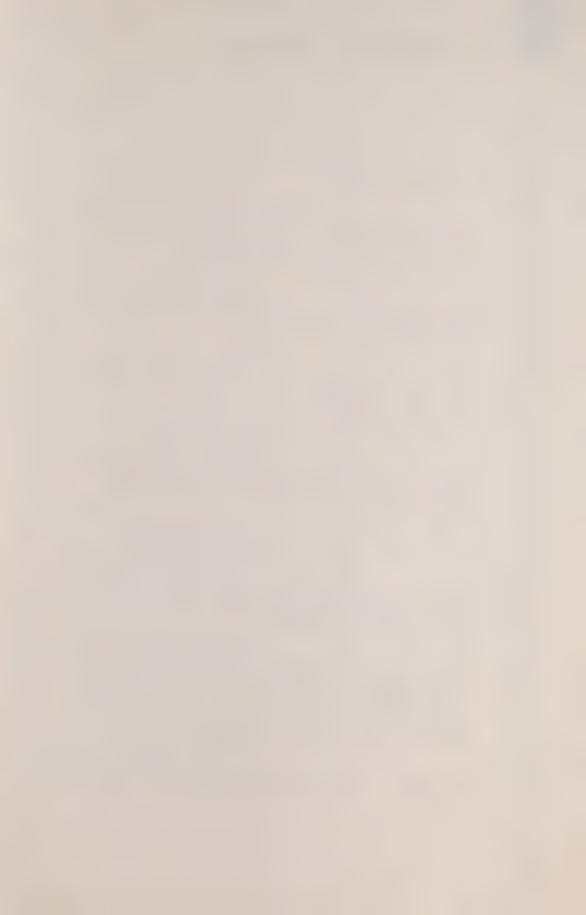
0. And you don't remember whether anyone else was in the room when you walked in?

A. I don't remember.

Q. Do you recall whether or not the curtains were drawn around Justin Cook's bed in any way?

I don't think they were Α. drawn, because we worked on the child after, we were working halfway I think because the curtains were drawn, but I don't remember.

Q. You don't remember whether they were you don't remember whether they weren't?



A. That is right.				
Q. What was the child's				
condition when you went into the room and you				
observed him Doctor?				
A. Well the child was blue.				
He had, his heart rate was not low. It appeared				
he had turned much more blue, he looked a little				
pale, his murmur had disappeared and I assumed				
that he had an outflow construction, and that is				
the reason why I went ahead and injected Propranolol.				
Q. I'm sorry Doctor, may I				
stop you there just for a moment?				
A. Yes.				
Q. You presumed he had a				
certain kind of obstruction and I'm sorry I didn't				
hear it.				
A. Outflow, same like				
tach. spell.				
Q. When you went into the				
room and observed the child did you notice any				
seizuring, or any twitching?				
A. No, I do not remember				
at that time, but if you will give me a minute. I				
don't think - before looking at the chart I don't				





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think I saw any seizures. I will have a look at my note if you will give me a minute.

Q. That's fine.

A. Okay. When I went into the room, as I said, I didn't see any seizure at that time but subsequently I remember him, having seen a seizure. At the first injection of Propranolol I have seen nothing except he was turning blue, a little pale and his murmur disappeared.

Q. I take it the disappearance of the murmur was something of significance to you?

A. That is correct.

Q. Being concerned at this

time?

A. That is correct, yes.

Q. And you have told me you

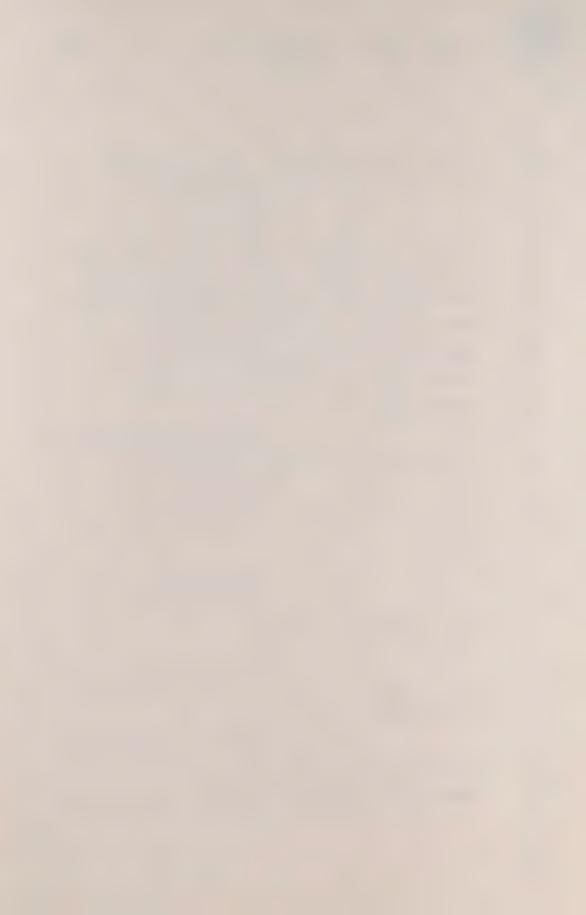
first administered Inderal?

A. Yes.

Q. Where did you obtain the

Inderal from?

A. I took it from the foot end of the bed, it was taped with a brown ampule, the ampule was open and there was about 1 ml. of fluid,





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clear fluid in the syringe. I think it was a 5 ml. syringe and I injected an incalculable amount of liquid into the baby.

Q. You say you took it from the end of the bed Doctor, was the syringe and the ampule taped together?

A. Yes.

Q. Or taped separately?

A. Both together.

Q. How many syringes did

you notice at the foot of the bed?

A. I noticed two syringes to my recollection. I noticed two syringes.

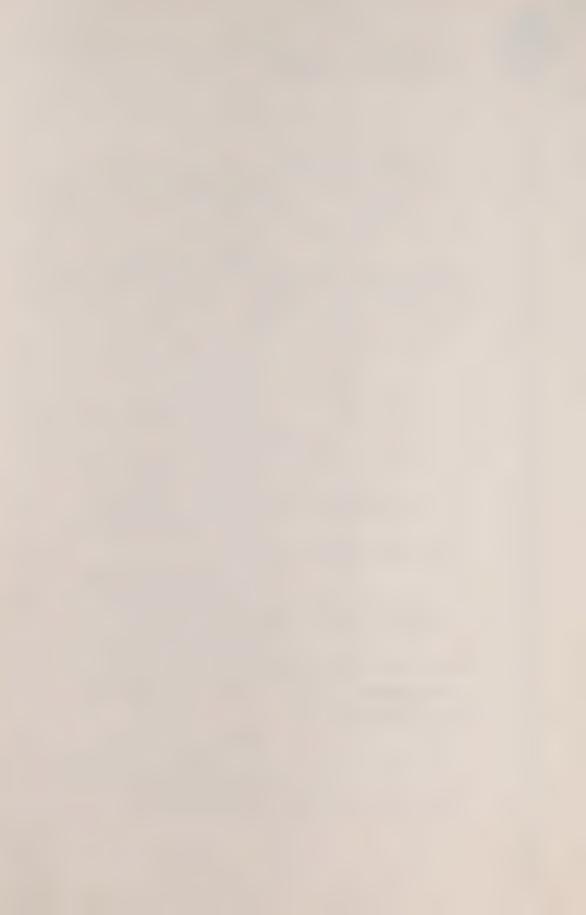
Q. And how many ampules did you notice taped to the bed?

A. With two syringes, one syringe, one ampule:

Q. And the one that you took in your hand and used to administer the medication you told us was brown in colour and had been broken open?

A. That is correct.

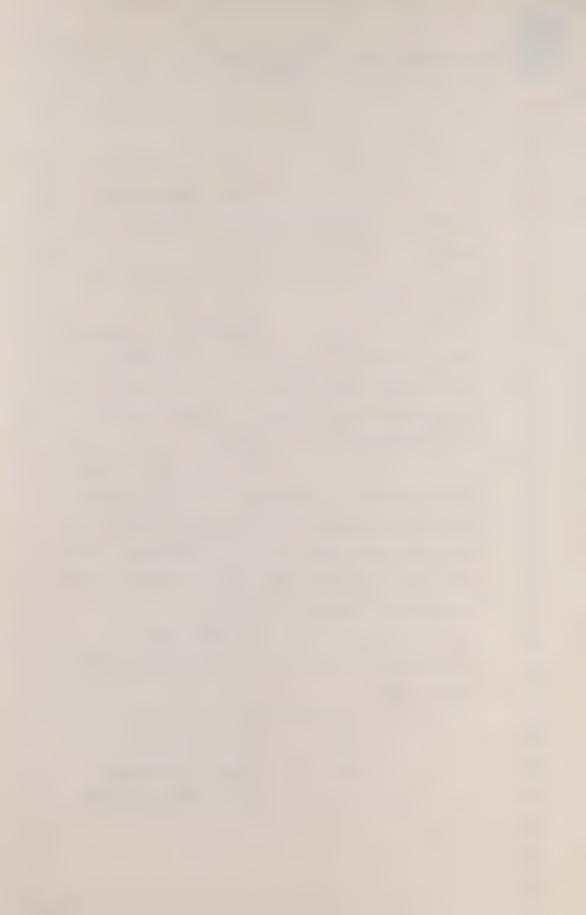
Q. You thought the syringe was, I think you said, a 5 ml. syringe?



			
1			
2		Α.	Yes, I think so, it was
3	a 5 ml. syring	ge.	
4		Q.	Did you notice whether
5	or not the oth	ner ampule	was broken, or was it
6	intact?		
7		Α.	I don't know.
8		Q.	Do you know what colour
	it was?		
9		Α.	I think it was brown.
10		Q.	Do you know what size
11	of syringe the	second sy	ringe was?
12		Α.	No.
13		Q.	Did you in fact use that
14		and ampule	e for any purpose that
15	night?		
		Α.	No.
16		Q.	So you used only the
17	first syringe?		
18		Α.	Yes.
19			And the ampule which you
20	have told us	was brown a	and the ampule was broken
21			That is correct.
22			Did you observe any
23	lettering on the	ne ampule?	
23			



A. I don't remember that.	
Q. Did you observe any	
lettering on the syringe or any markings of any	
kind?	
A. No, the usual syringe,	
5 ml. syringe.	
Q. Doctor, can you help me	
please, how did you know that it was Inderal in	
the syringe that you used to give the child a	
medication if you did not observe any lettering	
on the ampule nor on the syringe?	
A. Oh, I am sorry. I though	t
you mentioned - I misunderstood you, I am sorry.	
I thought you mentioned on the syringe there were	
no letters there was nothing on the syringe. But	
the ampule which was taped with the syringe it was	
an ampule of Inderal, I saw that.	
Q. You say you saw it,	
did you actually look at the ampule and read what	
was on it?	
A. Yes.	
Q. And it said?	
A. Inderal, Propranolol.	
Q. Did you, when you picked	



the syringe and the ampule up, make any inquiries of the nurses who were there as to who had drawn the drug up?

> Α. No, not at all.

0. Were you told?

A. No.

0. Do you know to this day who drew the drug up in the syringe?

> Α. No.

0. Did you make any other inquiries before administering the drug to satisfy yourself that it was in fact Inderal in the syringe?

> Α. No.

0. But you did however look at the ampule, noticed the lettering on it and it said "Inderal"?

> Α. Yes.

0. Saw it to be a clear liquid in the syringe and delivered the drug to the child?

> Α. Yes.

0. Do you remember how much you gave to the child at that time?

> A. .4 ml., it is 1 milligram





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per ml. and I injected .4 ml.

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mar and I injected .4 mi.

with that there is a record in the medical chart of Justin Cook, at page 30, which we have been told is a record of the medications that were given to him and the order in which they were administered when he went into difficulty that morning. It indicates that it is a .4 ml. of Inderal was given. Does that accord with your recollection as well?

A. Yes.

Q. Do you remember that independently Doctor, or are you relying on the chart?

A. No, I remember independently, that is correct.

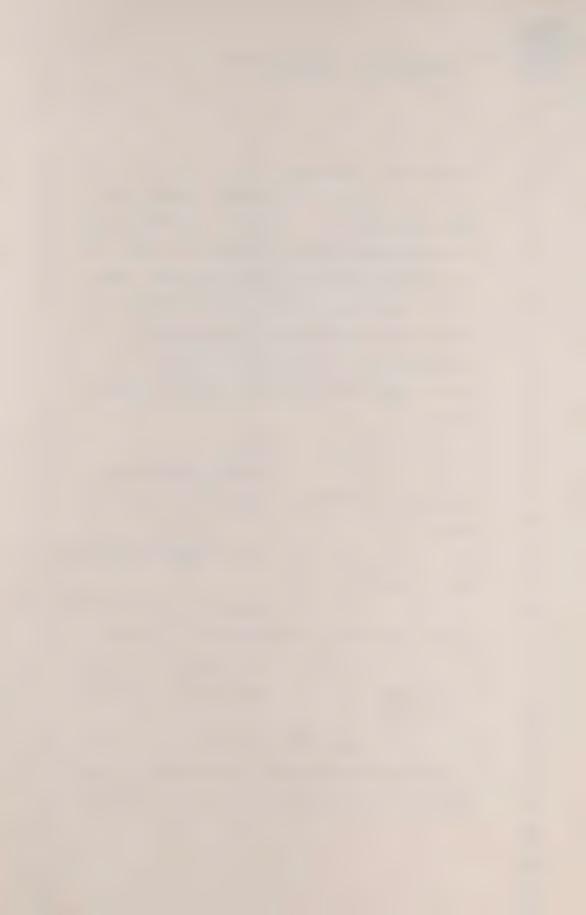
Q. What was Justin's reaction to that dose which you believed to be Inderal?

A. Not very good.

Q. Was there any reaction

at all?

MS. CHOWN: I'm sorry, I'm sorry to interupt you simply for clarification I think the record should indicate at page 27 of the chart



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which is Dr. Kantak's own note which he refers to the two dosages of Inderal, the first being 0.4 and the second being 0.2 which would be of further assistance on the point.

MS. CRONK: Thank you Ms. Chown.

THE WITNESS: He didn't respond to the first dose.

Q. Did his colour change

in any way?

A. No, murmur did not appear, colour didn't change, maybe if at all slightly, that is the reason why after another, I waited about five minutes and then I injected the next dose .2 ml. and he responded partially to the .2 ml. of Inderal.

- Q. Which syringe did you use?
- A. The same.
- Q. The same syringe?
- A. Yes.
- Q. Was there fluid or drug left in the syringe after you had given that second dose?
 - A. Yes.
 - Q. What did you do with this



I-13

1 2 syringe? 3 Α. I kept it in the bed. 0. On the bed? 4 On the bed, yes. 5 And similarly the 0. 6 ampule? 7 Yes. Α. 8 0. When you say that Justin 9 responded partially, in what way did he respond? 10 A. He changed colour and turned less blue, his murmur appeared again. So 11 he was, I thought he had shown a little bit of 12 improvement. 13 0. What did you do next 14 Doctor? 15 Well I asked then someone Α. 16 to call Dr. Jedeikin, so he was on the phone and 17 after the next dose, after I saw the baby responded slightly I went to the phone quickly and spoke 18 to him. 19 And where was the phone, Q. 20 was that in the room or at the nursing station? 21 No, just outside the A . 22 room. 23 24



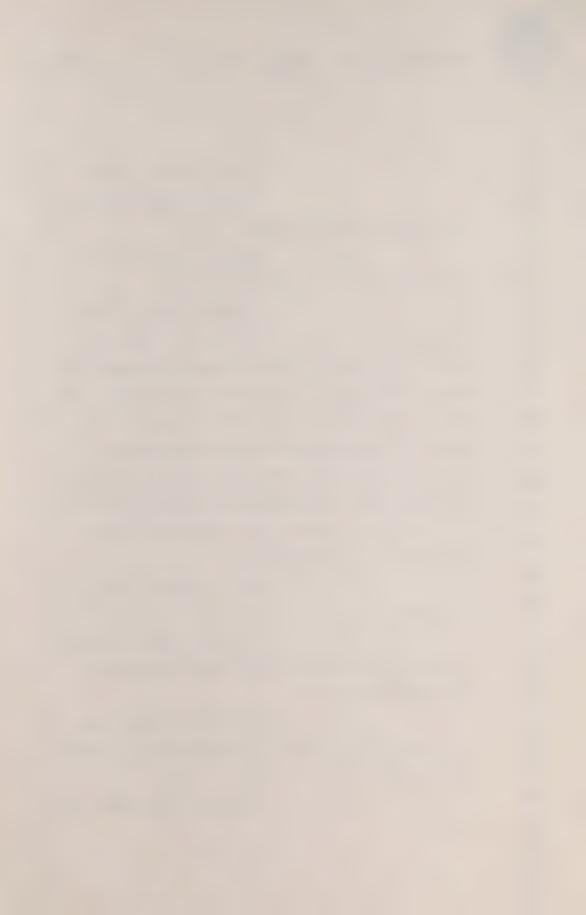
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Q. At the nursing station?
A. At the nursing station one
step outside Justin's room.
Q. And what was the nature
of your discussion with Dr. Jedeikin?
A. I told him what had gone
wrong, that he got a spell and that I had given
him two doses and he does not seem to respond very
well. He did not have any other abnormality. His
heart rate was all right. Then I asked him to
come over and we talked about Atropine being
injected because one of the side effects of Inderal
is bradycardia so we talked about giving Atropine
and I said I am making an arrangement to look at
that and I went inside again.
Q. Did Dr. Jedeikin then
come over?
A. Yes, right away, he was
there within two or three minutes, he was there
in five minutes maybe.
Q. When you went back into

the room did you notice any irregularity in Justin

A. No, not at that time, his

Cook's heart rate?



heart rate was all right, but after a few seconds

I saw that he had bradycardia and I injected

Atropine to which he responded real well, he showed

normal heart rate then.

Q. Where did the Atropine come from Doctor that you used?

A. Somebody drew it, I don't know who, from the crash cart.

Q. Was it drawn up in your presence Doctor?

A. Yes.

Q. Did you see the drug

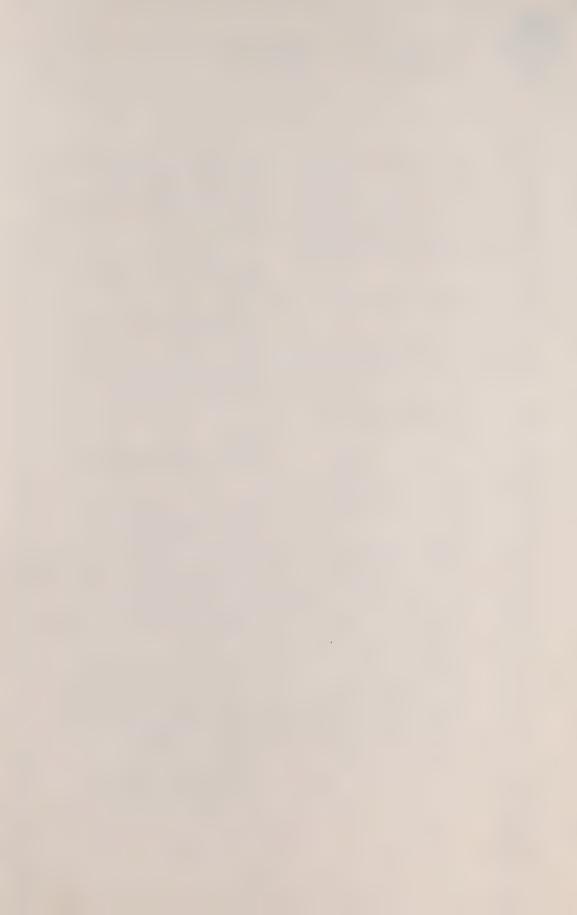
as it was being drawn up?

A. I'm surely shown the ampule and the drug, but I do not remember - I only have checked, I do not remember having recollection of having seen the ampule of Atropine like I seen the Inderal ampule, or the Morphine which I injected next.

Q. Is it your recollection however that the Atropine was taken from the crash cart and then drawn up in your presence?

A. Yes.

Q. Were there any other



room to obtain it?

physicians present, was Dr. Jedeikin there by that time? Yes. By the time I injected, I think by the time I injected the Atropine Dr. Jedeikin was there. 0. And subsequently you administered Morphine to the child, is that correct? Yes, that is correct. A. 0. Where did the Morphine come from? Α. That came from the crash cart, and that was drawn up by one of the nurses. 0. Again was it drawn in your presence? Α. It was drawn in my presence but I do not remember which nurse that asked me, which ampule, I do not remember seeing the ampule. 0. Are you clear in your own mind Doctor that in fact the Morphine came from the crash cart? Α. Yes. Q. Or did someone leave the



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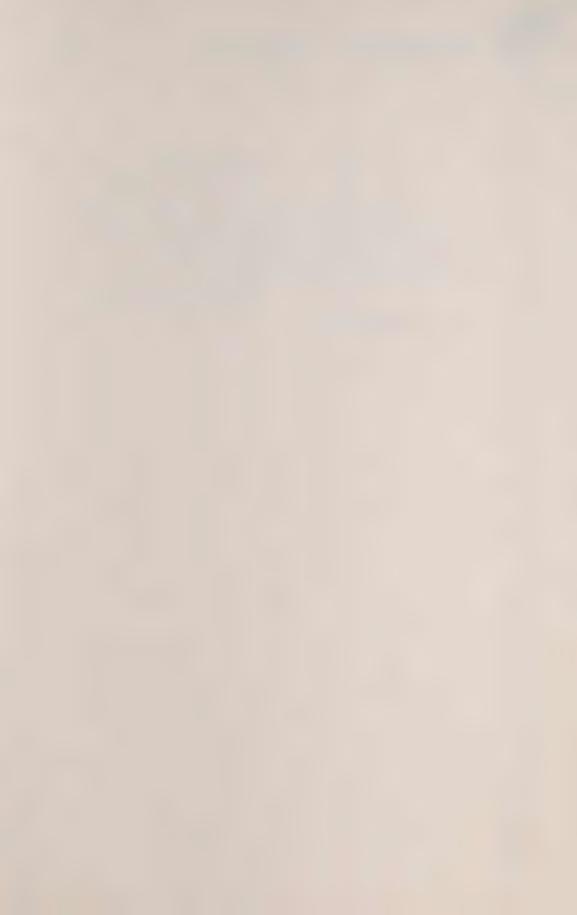
Α,	I	don	t	know.
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Q. In fairness Doctor,

it has been suggested by a prior nursing witness that she was asked to get the Morphine, left the room, did and brought it back into the room.

A. Something in my mind,

but I am not sure.





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Q. Do you, however, have a clear recollection of the drug that was physically drawn up in your presence when you were in the room?

A. Yes.

Q. Or do you remember?

A. I remember somebody drawing it up in front of me, but ---

Q. Doctor, were you then present throughout the balance of the resuscitation effort for Justin Cook?

A. Yes.

Q. Were you there when he was subsequently pronounced dead?

A. Yes.

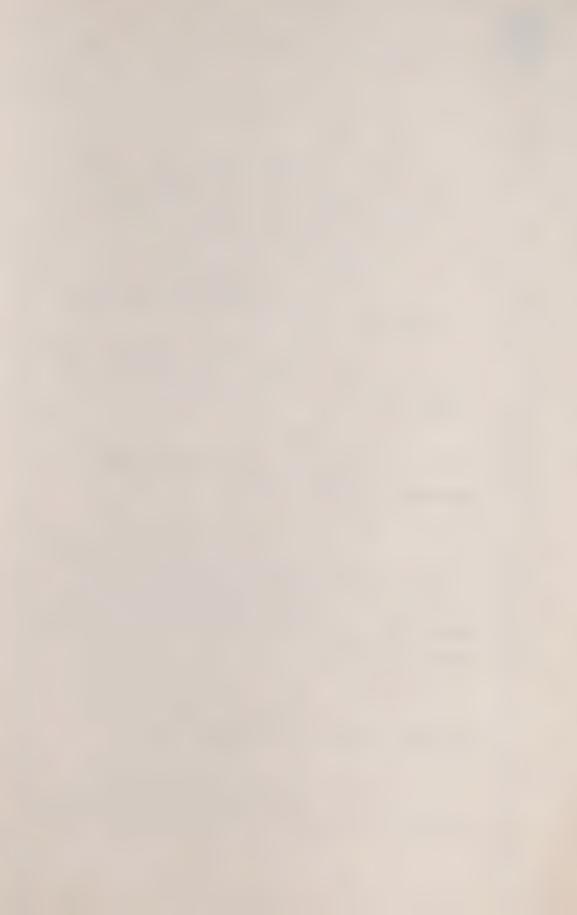
Q. Do you know, Doctor, what happened at the end of the resuscitation, after Justin was pronounced dead, to the syringe and the ampule which you had used in the belief that you were administering inderal to the child?

A. No.

Q. You have no information that might help us, as to what happened to it?

A. No.

Q. Was there any discussion in the room that night during the course of the resuscitation



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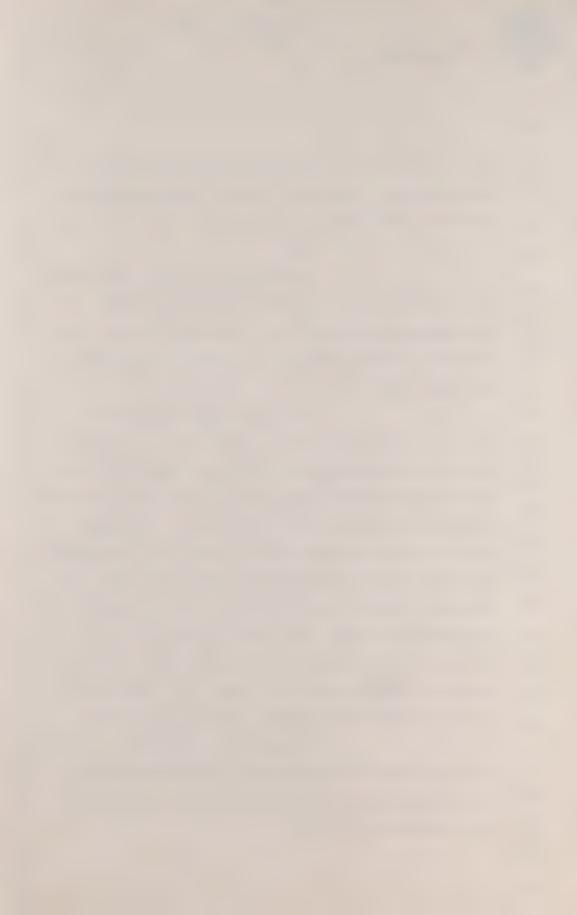
or thereafter as to the drawing up of the drug in that syringe? Did anyone question in your presence what your drug was in the syringe?

- A. No.
- Q. We have heard, Doctor, that there were a number of blood samples taken that night, and samples taken from the intraveneous tubing that had been used for Justin Cook. Were you aware that that was done?
- A. No. What happened was that after the event took place, Justin Cook, after the injection event heart rate had been stable for a few minutes and suddenly went into a ventricular fibrillation. This pointing partially to the drug, to the shock which was given to him and that ventricular tachycardia subsequently again, which he couldn't come back from. Then Dr. Jedeikin was there and code 25 was called and everybody was there. What was surprising was ventricular tachycardia to which he didn't respond. Then Dr. Jedeikin went and talked to Dr. Fowler and then the events took place. I didn't participate.
- Q. Perhaps I put my question awkwardly.

 We have heard that after Justin was pronounced dead

 blood samples were taken and samples were taken from

 his intraveneous tubing?



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A. Yes.

Q. Did you know at that morning that was being done?

A. No. I was not told about it. I didn't know about it.

Q. When did you learn it had been done?

A. I didn't know. I just heard later on that the samples were taken. I didn't know from where they were taken, what was collected. I didn't know.

Q. You knew however, Doctor Jedeikin had gone to speak to Dr. Fowler?

A. That is correct.

Q. I take it You telephoned him.

Dr. Fowler wasn't then on the ward?

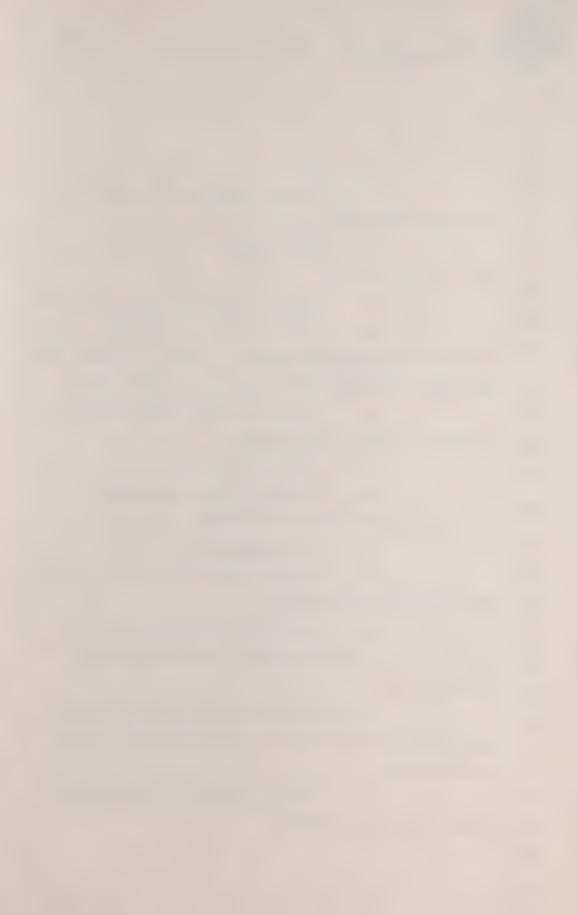
A. That is correct.

Q. Did you observe Dr. Fowler on the ward later on that morning?

A. Yes, later in the morning, not at that time. I do not remember having seen him at that time.

Q. Do you recall seeing him, however, shortly after Justin had been pronounced dead, within an hour or so?

A. I don't remember. I think he was dead, but I don't remember.



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tachycardia?

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			Q.	Was	it	unus	sual	to	see	Dr.	Fowler
here	at	the	hour	which	you	did	see	hir	n?		

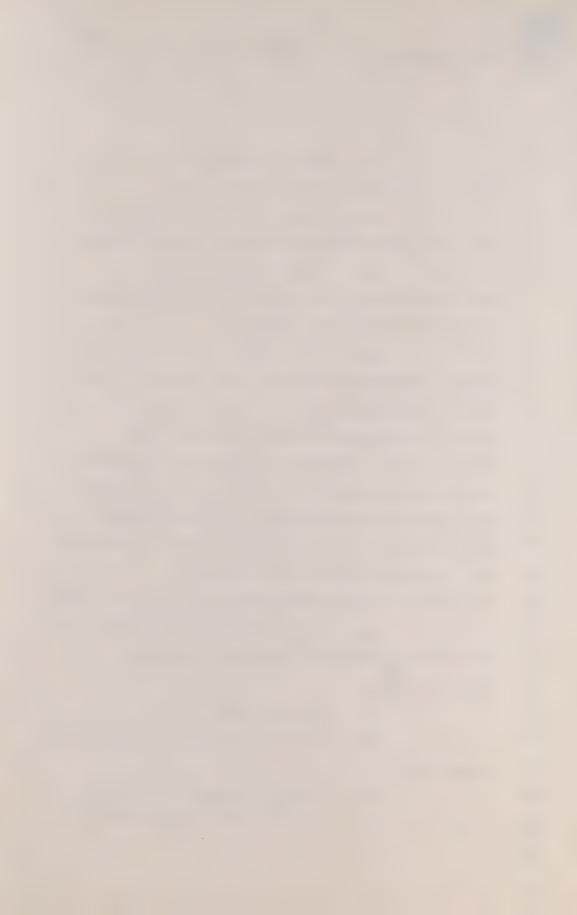
A. I don't remember seeing him that early, but he may have been there. I don't remember.

Q. Doctor, what was your own reaction when Justin Cook could not be resuscitated and eventually died that morning?

A. Well, Justin was a very sick infant. He had no pulmonary artery at all. He had thread likepulmonary artery. That was nothing unusual to see a child taking this course and suddenly dying. What was just a little bit puzzling to me was the ventricular tachycardia. I had never seen ventricular tachycardia in an infant except post operative. Ventricular tachycardia is seen much more in older people with myocardial infarction. I have never seen it before in an infant.

Q. You told us you saw several times during the course of Justin's attempted resuscitation?

- A. That's correct.
- Q. He went in and out of ventricular
- A. That is correct.
- Q. Am I correct in suggesting that



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ultimately he went into the ventricular tachycardia and could not be returned to a normal rhythm?

- Α. Absolutely.
- You had never seen that before in an infant?
- A. I have seen in a post operative infant or post operative children, but not just like that. They could have, I suppose.
- Q. Was there discussion that morning after Justin's death, as to what had caused his arrest and death?
- A. No, not to my knowledge. I briefly talked to Dr. Jedeikin and it was like, he could have taken that course, that bad course, and he would have died. I don't know if any serious discussion which took place.
- Q. I take it then Doctor, from what you said that you did not regard his death as unexpected, given what you knew of his condition?
 - A. Yes.
 - 0. Is that fair?
- Α. Yes. One of the things we thought he could have is go sour and take that course, sure.
- Q. You were not surprised by his death?



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A. Yes

THE COMMISSIONER: I'm sorry.

MS. CRONK: Q. Yes, you were not?
THE COMMISSIONER: Yes, you were not

or --

MS. CRONK: Q. Or yes you were?
THE WITNESS: I was not.

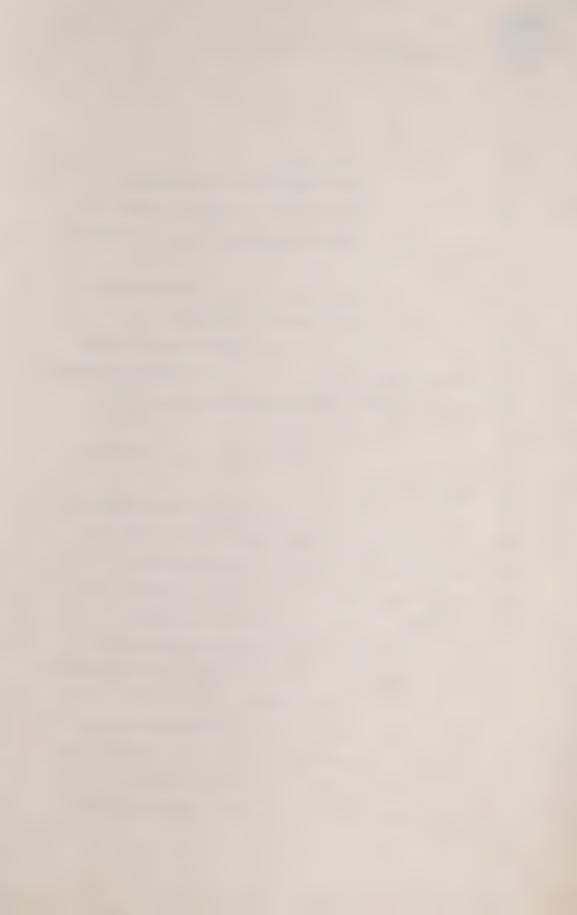
Q. Doctor, subsequently, I take it you learned in due course, that digoxin levels tests had been run on samples taken from Justin Cook?

A. Yes.

Q. And he had in fact had high digoxin levels?

A. I will tell you what happened.

I never talked to anyone, but somebody called me. I
was in my room sleeping and somebody called me and
identified himself as a biochemist and said that -this was in my room, in the resident quarters in my
room and somebody called me and said "Was Justin
on digoxin?" He identified himself as a biochemist.
I said "Well let me explain". "Was he on?" I said
"Mo, he was not on, he was not suppose to be on. Let
me explain to you why he is not." He abruptly cut
me off and said "Have you seen his digoxin level?"
I said "No, I have not seen it. Are they high?"



was at night.

had died?

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Q. Do you recall when you received that telephone call, Doctor?

He kept on and I realized that his digoxin level was

A. I think it was Sunday night. It

- Q. The night of the day that Justin
 - A. Yes, I think so.
- Q. Did you, as a result of the phone call then go to the ward?

A. Not right then. I think I got -I was not sure who called me and what had happened.
I went the next day and I think I saw there was a
lab sheet which suggested that there was a blood
level which was high.

- Q. Did you actually see the level?
- A. Yes, I saw the level.
- Q. I take it the fact that Justin Cook, who had not been prescribed digoxin, having a high digoxin level was a matter of great surprise to you?
 - A. That is correct.
 - Q. That feature was certainly unexpected.
 - A. That is right and when I checked



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my	order	s t	0 56	ee i	f	I	had	unknowingly	ordered	digoxir
Ι	said,	gos	h, t	this	i	S	just	incredible	,	

Q. Do you have any information that may assist us in determining who drew up the drug that was in the syringe taped to the foot of Justim Cook's bed that you used to administer medication to him at the outset of that resuscitation?

A. No, I don't know.

Q. Did you observe or learn anything that night, Doctor, at any time before Justin Cook died or indeed after these discussions that followed his death that might explain how he received digoxin when it had not been prescribed for him?

A. No I don't know.

Q. Did you at any time, prior to his death, Doctor, administer digoxin to Justin Cook?

A. No.

Q. Did you observe anybody else

doing so?

A. No.

MS. CRONK: Thank you very much, Doctor.

Those are my questions.

THE COMMISSIONER: Thank you. Mr.

Fischer

MR. FISCHER: I would ask that we not



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follow the usual order in the cross-examination.

Mr. Brown wishes to do the cross-examination and he will not be available until after the lunch break.

If you would permit it perhaps we can do it that way.

THE COMMISSIONER: All right. Miss

Rae?

MS. RAE: No questions at this time.

CROSS-EXAMINATION BY MS. CECCHETTO:

MS. CECCHETTO: I was going to move to the podium, but I don't think Ms. Cronk would appreciate it.

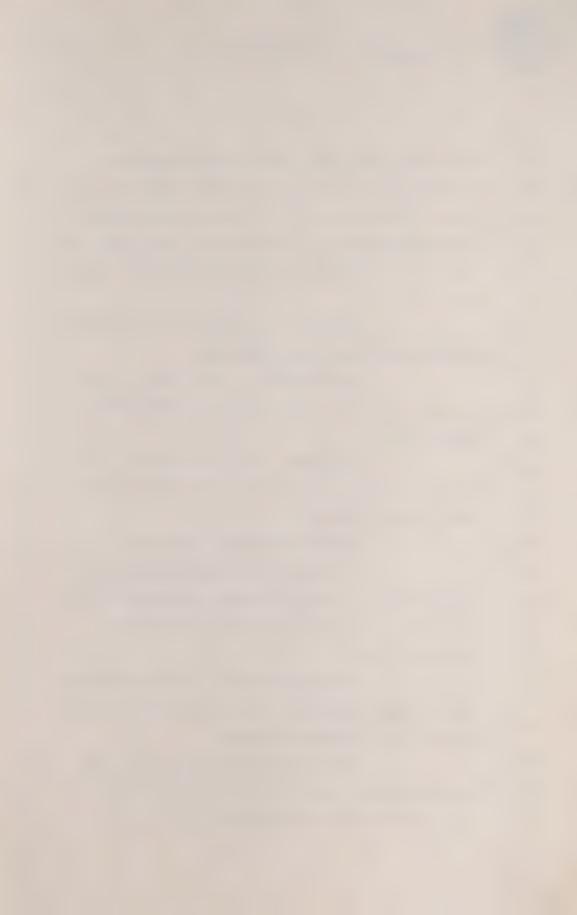
MS. CHOWN: Mr. Commissioner, if I rise at this point, Dr. Kantak is my client in the usual course of events.

THE COMMISSIONER: I'm sorry.

MS. CHOWN: I am simply rising and I checked with Mr. Roland, as well, and we don't have any questions at this time, but I would like to reserve my rights.

THE COMMISSIONER: You are absolutely right. I had forgotten. It is Monday and I cannot remember from Thursday to Monday.

Well, let's see what we can do for
Miss Cecchetto. I won't call on either of you two
until the end of Miss Cecchetto.



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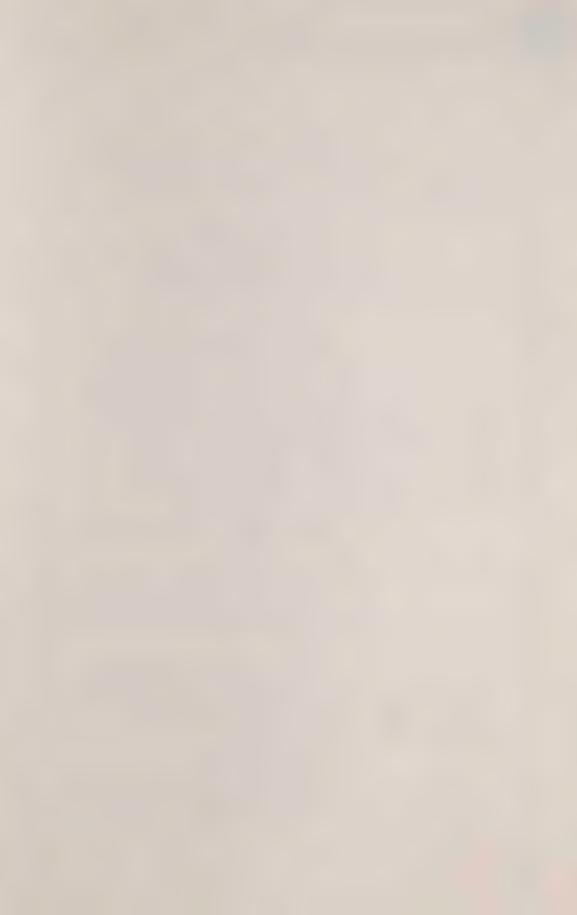
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MS. CECCHETTO: Could you have Exhibit 383 please. Doctor, you began on ward 4A and 4B March 3rd, is that correct?

- A. Yes, that is right.
- Q. So you would have began at approximately the same time as Dr. Kobayashi?
 - A. Yes.
- Q. And Dr. Kobayashi has told us that he was involved in the arrest or not involved in the arrest, but he dealt with the babies, Jordan Hines and Barbara Gionas, and he also indicated that he was very surprised at their deaths. He told us that he discussed his surprise with the other residents. Did he discuss it with you?
- A. He may have. I do not recollect. That is what he said.
- Q. You discussed your surprise of the various arrests with Dr. Kobayashi, did you not?
 - A. Sure.
- Q. You told us this morning that generally among the residents there was a discussion about the concern about the number of deaths?
 - A. That's correct.
 - Q. And about the pattern of deaths?
 - A. Well, not really the patterns of





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deaths. We discussed deaths, but we didn't set any pattern to them.

- Did you discuss the fact that there was a feeling that several of these children were stable prior to death?
- Yes, I said we were impressed Α. by how they could be all right one time and could turn sour, could just turn bad. They were sick babies.
- Q. Doctor, you have told us this morning that at least with respect to Pacsai and your involvement in that case, you were very surprised when he died?
- I was surprised. I don't know if I was very surprised.
 - You were surprised? 0.
 - Α. Yes •
- Q. Would it be fair to say that you hadn't been instructed that he would turn to the worse and go into an arrest situation?
 - A. Yes, that is correct.
- 0. So to that extent, although he may have been a sick baby, you didn't expect that he would die on that particular evening?
 - A. That is correct.
 - And with respect to Inwood you Q.



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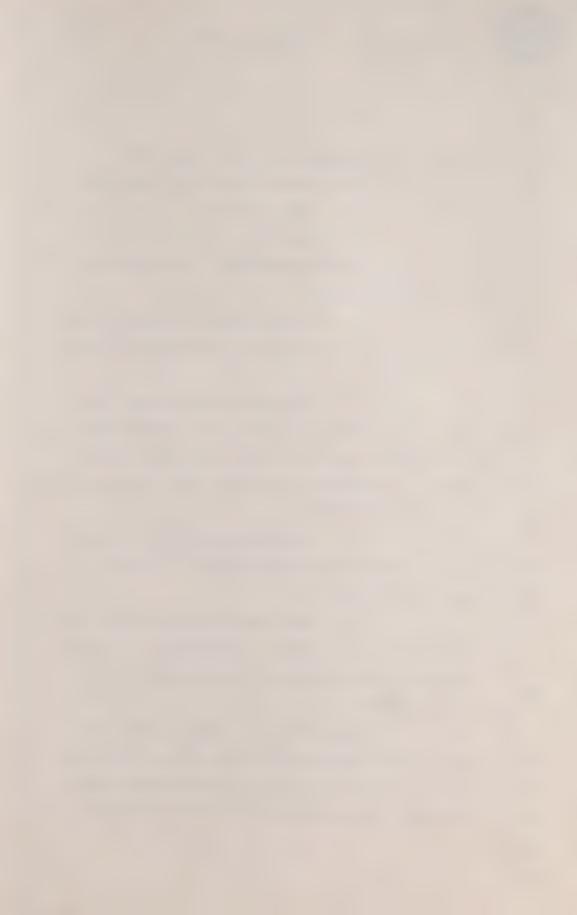
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indicated	that	you	were	very	very	surpri	sed?	
		THE	COMM	ISSTON	JER:	Verv	surpri	SPC

- Q. Very surprised.
- A. Okay.

THE COMMISSIONER: That added "very" is touching a little.

- Q. Would it be fair to say, Doctor that with respect to Inwood you were shocked? Would that be a fair ---
- A. No, the cardiology ward has many sick children, sick babies and some of them get worse and they die. I was surprised, yes, but I had not known the way you say, very, very or shocked. I'm not sure of that.
- Q. You had no cause for her death the next morning when you discussed it with Dr. Souliotti, did you?
- A. There was some discussion that could be some cause, like I talked before. We were waiting for the pathologist to decide what really had gone wrong.
- MS. SYMES: Mr. Commissioner, I am sorry. It is obviously from the room but the murmur from the back of the room is louder than the Doctor. She doesn't have a microphone. Could she please



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speak louder and could the Doctor speak louder as well. THE COMMISSIONER: You said the murmur

from the back of the room? Is there noise coming from the back room?

MS. SYMES: Yes, and there is also a large amount of noise in the back.

THE COMMISSIONER: Is this a human noise coming?

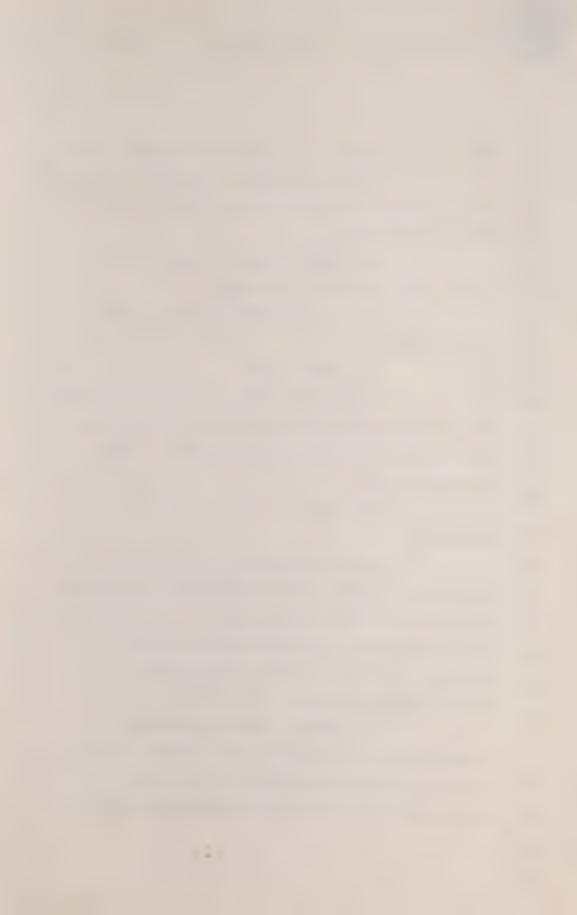
MS. SYMES: Yes.

THE COMMISSIONER: Could I ask the humans from the back of the room not to make any noise and could you see what you could do outside? I seem to be insulated.

MS. SYMES: You are a lot closer to the people.

THE COMMISSIONER: This arrangement was designed for me. The one upstairs, or downstairs quite often I couldn't hear the witness and I am told the witness could be heard in every other corner of the room, so this is a little spoiling of me for a change. Could we not get a microphone?

MS. CRONK: Without any degree of comparison you will remember that I didn't have one either. It is my understanding there are two microphones in the room which are designed to pick up



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everything that is said. If they are not functioning it is clearly not Ms. Cecchetto's fault.

THE COMMISSIONER: I think the

Administrator is going to work on it whenever we

rise for lunch at a quarter to one. We will just have
to shout.

MS. CECCHETTO: Doctor, the way I took down your evidence this morning, in respect of Kristin Inwood, was that when you returned the next morning you had a discussion with Dr. Souliotti and that both of you in their words, as I have them, is Dr. Souliotti was real surprised and you stated this was the last child you thought would turn this bad or words to that effect, so is that not fair to say at least with respect to this child you had a very real surprise at the child's death?

- A. Yes, that's right. I was surprised.
- Q. And although you discussed possible causes and were waiting for pathology you had no real explanation for the death?
- A. We had certain postulates, but not really explanations of what caused the deaths, yes, that is right.
 - Q. Did you consider reporting this



Kantak, cr. ex.

case to the Coroner, Doctor?

A. No, not at all.

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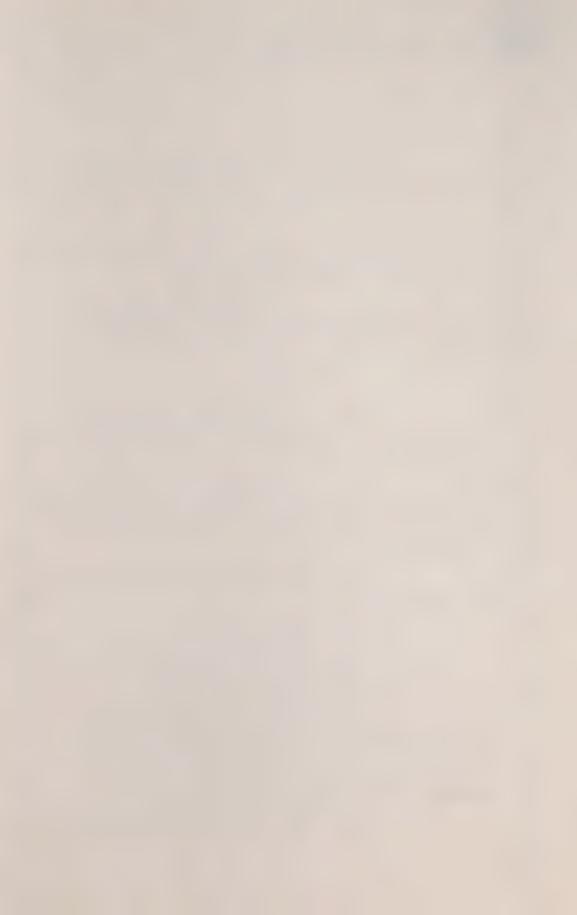


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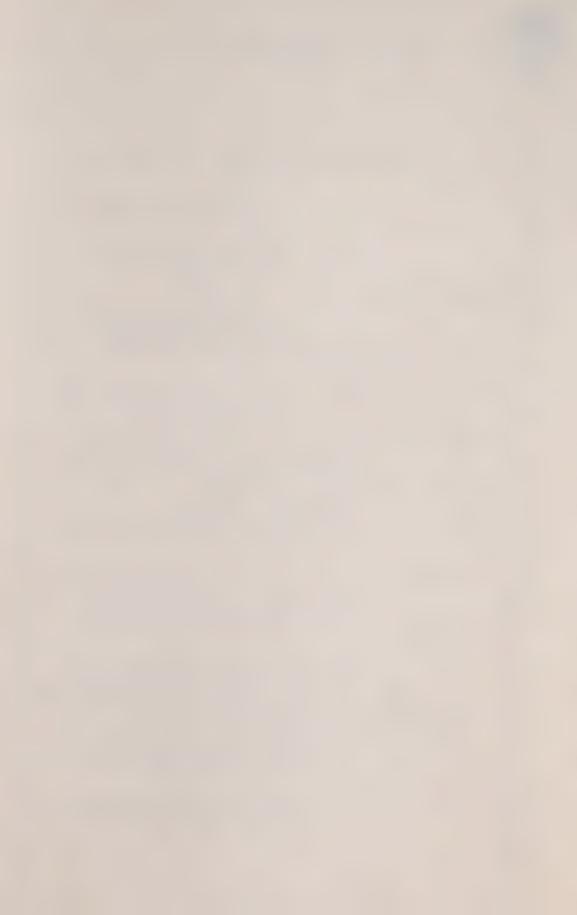
ANGUS, STONEHOUSE & CO. LTD. Kantak, cr.ex. (Cecchetto)

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2	Q. Did you discuss with Dr.
3	Soulioti whether she would report the case to the
4	coroner?
5	A. No, I don't remember. I do
6	not recollect whether I talked to her.
7	Q. Did you ever follow up to
	see if they found any immediate cause of death in
8	the next few days?
9	A. No.
10	Q. When did you first become
11	aware of what cause of death if any was found with
12	respect to Inwood?
13	A. I didn't know. I didn't know
14	that until I read the chart. I didn't go really very
	much in detail.
15	THE COMMISSIONER: Sorry, until you
16	read the chart when?
17	THE WITNESS: Today.
18	THE COMMISSIONER: Today?
19	THE WITNESS: Or yesterday.
20	MS. CECCHETTO: All right. Doctor,
21	you have indicated that there was discussion among
22	the residents about the deaths, about what was
	happening, what you saw on the ward.
23	Would there also have been discussions





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2	in the morning meetings about what was happening on
3	the ward?
4	A. Morning rounds you mean?
5	Q. Yes.
6	A. Yes. There were some
	broad discussions, yes.
7	Q. Dr. Kobayashi when he was
8	here indicated that the morning rounds the ward
9	chiefs would be there ?
10	A. Yes, that's the fellow, the
11	cardiology fellow.
12	THE COMMISSIONER: They had a regular
13	meeting, didn't they, in the morning?
	THE WITNESS: They did.
14	THE COMMISSIONER: Was that part of
15	the rounds?
16	THE WITNESS: No , we had meetings
17	with the fellows. We used to go around with the
18	fellow.
19	THE COMMISSIONER: No, but I thought
20	there was a regular meeting where you sort of sat down
	and discussed the deaths?
21	THE WITNESS: Maybe this was done with
22	the Ward Chief.
23	MS. CECCHETTO: Q: And the staff





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cardiologists? Would they have been at these meetings?

A. No.

MR. ROLAND: Mr. Commissioner, I think you are directing your mind to the morning conference which occurs every morning on the Cardiac Ward; not only was the death discussed but of course the treatment of the various infants.

THE WITNESS: I thought the residents were part of that?

MR. ROLAND: Catheterizations and so on. I think the residents are part of that. In fact even nurses are.

THE COMMISSIONER: Some nurses. You don't remember having these conferences with the cardiologists?

THE WITNESS: Yes, we used to have them with cardiologists but I don't remember which ones...

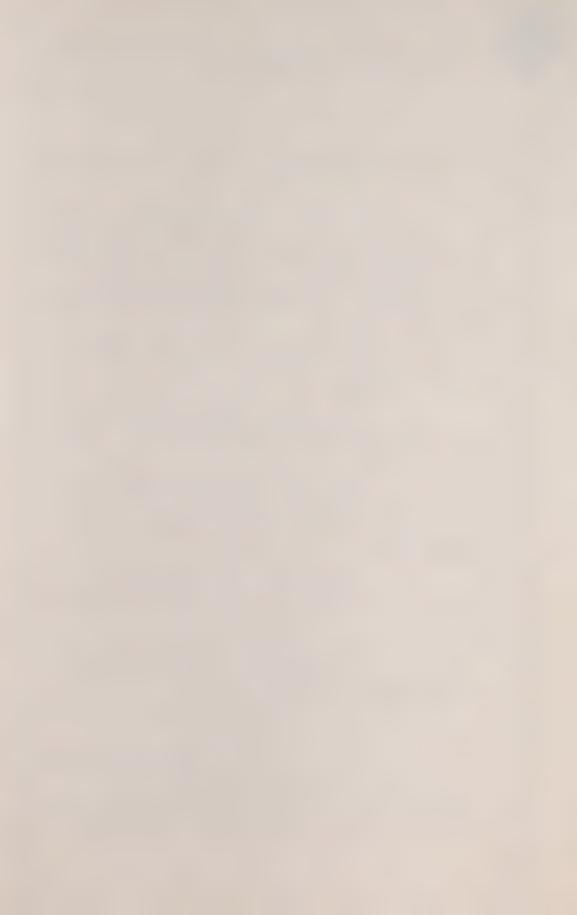
MS. CECCHETTO: Q: Did you not have regular morning conferences?

A. Yes.

Q. To discuss -

A. Catheterization, yes. We are there; residents are they, fellows are there.

Catheterization is reported to them, but each child was



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not	discussed	as	we	do	on	the	rour	nds	by	the	bed	iside
		TI	HE (COM	4ISS	SIONE	ER:	But	di	.d t	hey	not

discuss deaths?

THE WITNESS: They discussed deaths, yes.

THE COMMISSIONER: You don't specifically remember discussing Kristin Inwood's death?

. THE WITNESS: No, I do not remember.

MS. CECCHETTO: Q: Dr. Kobayashi recalled that on these morning conferences they would discuss what had happened the night before and he recalled that they would discuss the fact that if there was a death the fact that the child had appeared stable.

Do you recall discussions along that vein?

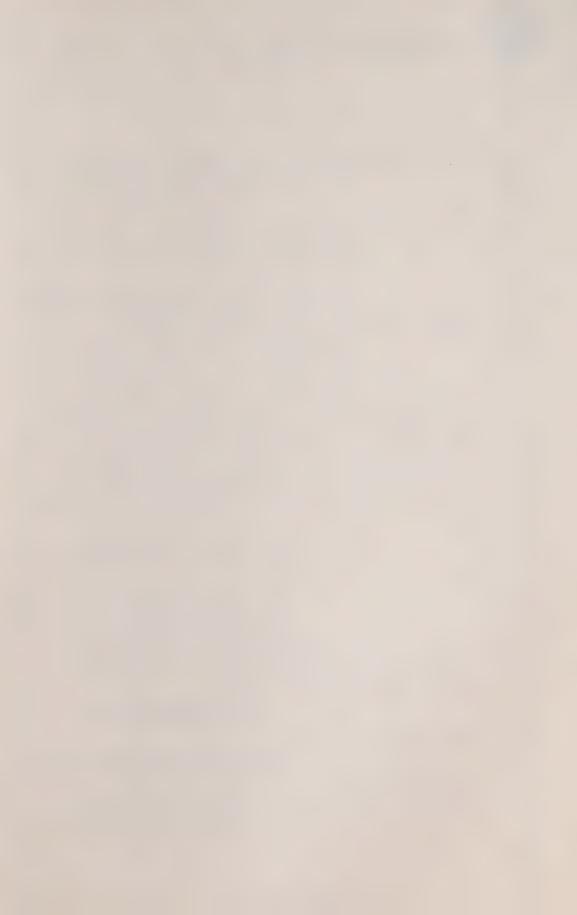
A. No, I don't remember.

Q. Can you say whether or not these discussions occurred? You don't remember the discussions or they didn't occur?

A. I don't remember having discussed Kristin Inwood.

Q. But do you remember having discussed Kevin Pacsai?

A. I remember discussing Kevin





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Pacsai not on the rounds - not on these rounds but in the corridors when we talked, when we go on the rounds in the morning.

Q. Now, Doctor, although you were new to the ward, did it seem to you that there were a great many deaths that were occurring on this ward?

A. Yes, I suggested that there was much more deaths than I ever observed before in any of my prior experience, but we thought that ups and downs and some more deaths and sometimes less, and I not know if they were excessive to be concerned about it.

Q. To the extent that there
may be ups and downs were you not surprised that at
least with respect to Pacsai and with respect to
Inwood these babies appeared to be stable and you had
no real concern when you left them?

A. That's true.

Q. And then all of a sudden they

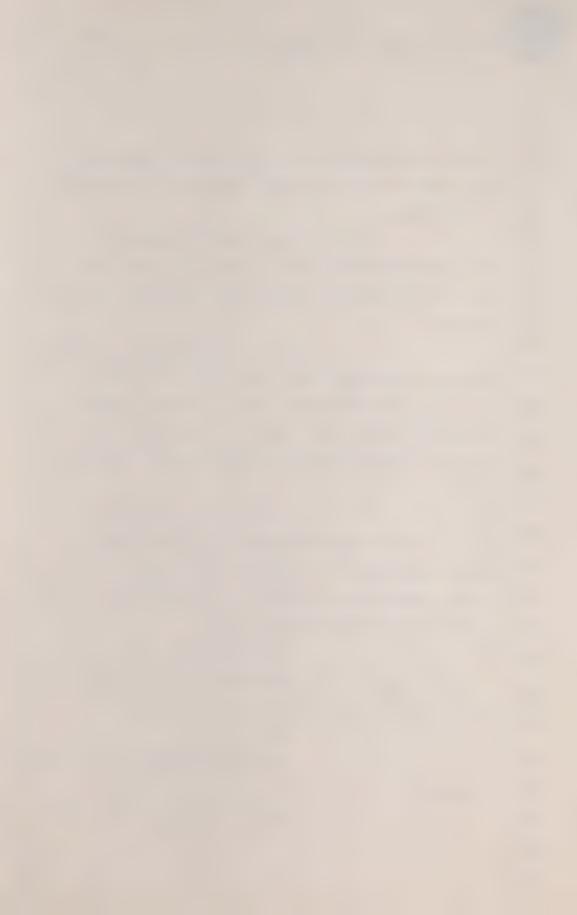
took a turn and went sour?

A. Yes.

Q. So at least to you who was dealing

with them -

A. Yes.



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questions.

	Q.	- their clinical symptoms
before	they went into	arrest would not have alerted
you to	the problem?	

A. No, it didn't. It didn't alert me but it impressed upon me what babies could do, you know, a sick baby, and this has happpened several times to me in my prior experience, not only cardiology patients, but babies who look fine and they were admitted on the ward. You turn your back and in an hour or two they can be really bad.

Q. Did it ever happen with this frequency? We had about seven babies in seven nights?

A. I realize that, yes, but...

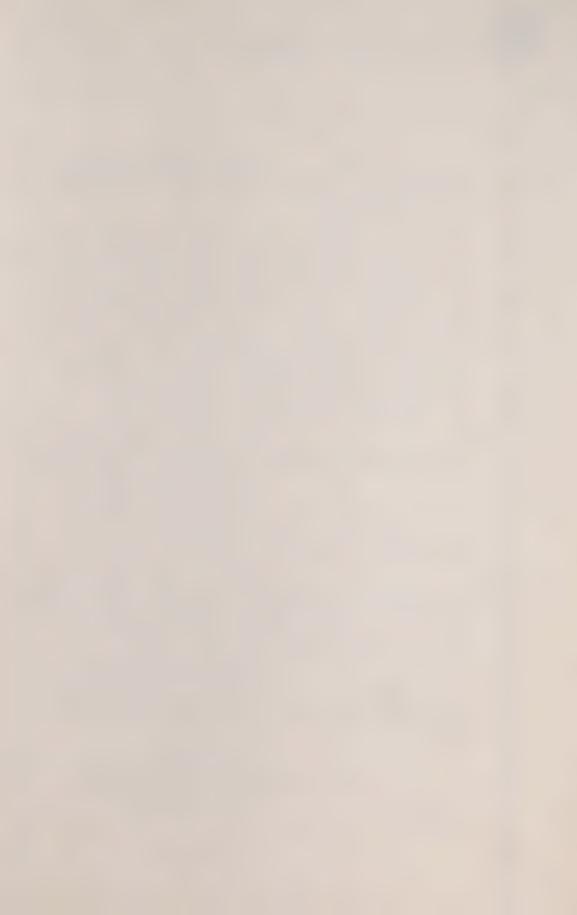
Q. Did the residents ever get together and have a special meeting?

A. No, not special meeting but we discussed among ourselves unofficial, talking about the babies. We didn't have an official meeting like we have at 9:00 o'clock cardiology meeting. No.

Q. Was there ever discussion about approaching the staff cardiologists and asking them?

A. I don't remember.

MS. CECCHETTO: I have no further



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THE COMMISSIONER: All right. Thank

Mr. Young?

no questions.

MR. YOUNG: Thank you, sir. I have

THE COMMISSIONER: Miss Symes?

CROSS-EXAMINATION BY MS. SYMES:

Dr. Kantak, my name is Beth Symes and I represent the Registered Nurses Association, I would like to turn first of all to the night of Pacsai and Manojlovich's terminal events and then finally the death of Pacsai.

Whether you went to bed between 1:00 and 1:30 is not of particular interest to me, but before you went to bed what were your observations of Manoilovich?

Okay. Manojlovich, I have not reviewed the chart of Manojlovich, but from my recollection I could say that that child was a sick child and she had ups and downs a couple of days time and prior days, before March 11th or 11 night or 12 morning, yes. She was a sick child. Yes.

Could you please look at Q. the chart and turn to page 181 of it, please? The chart is 111 and page 181.



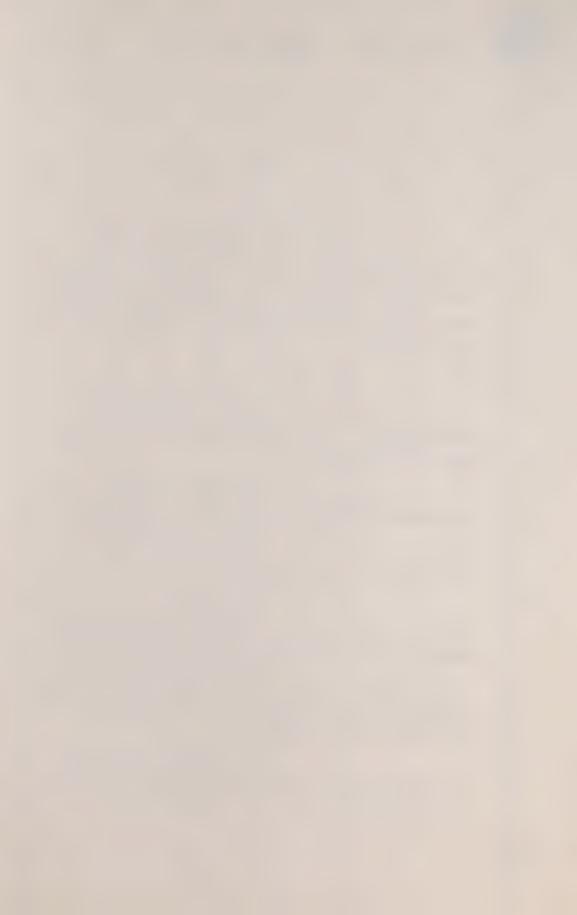
1	1	
2	2 A. 18	9?
3	3 Q. 18	1.
4	4 A. Ok	ay.
5	5 Q. Th	e nursing note which is
6	the last on page 181 charts	it from 1930 to 0230 the
7	babe was irritable most of	the night; would not feed
	only 20 to 40 feed and fed t	hrice, I believe, at 2130,
8	2430 and 0200?	
9	A. Ye	S.
10	Q. Wa	s that what had in fact
11	been reported to you that t	he baby was in fact very
12	difficult to settle?	
13	3	not recollect about it
14	but maybe they mentioned it	to me. I not remember.
15	5	you recall noticing that
16	the child was crying a lot?	
		not recall.
17		you recall any concern
18		
19	concerns that this child, the	s, that's correct. I had
20	this child, that's correct.	nat we were concerned about
21	1	I gather that when the
22		- gamer char when the

code 23 was called for you that you were - I'm sorry,

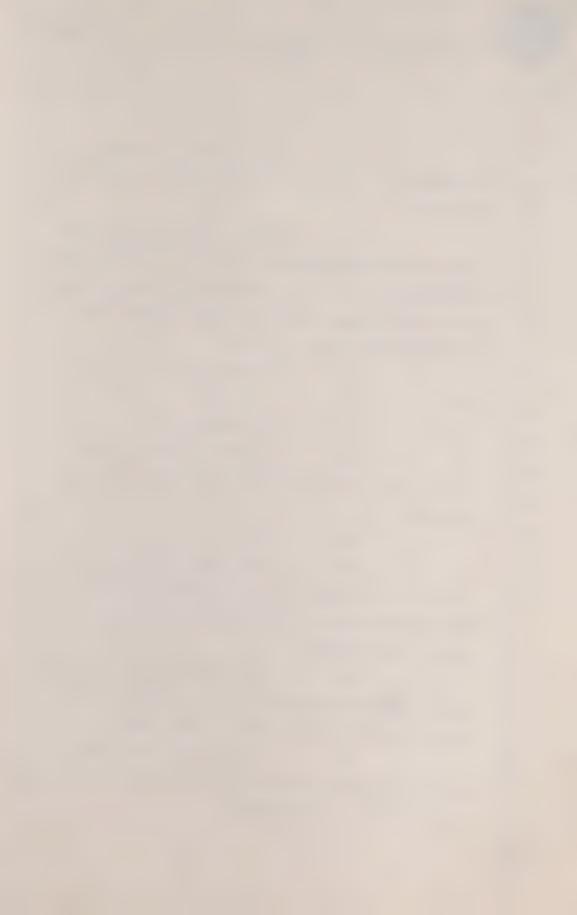
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was it code 25?

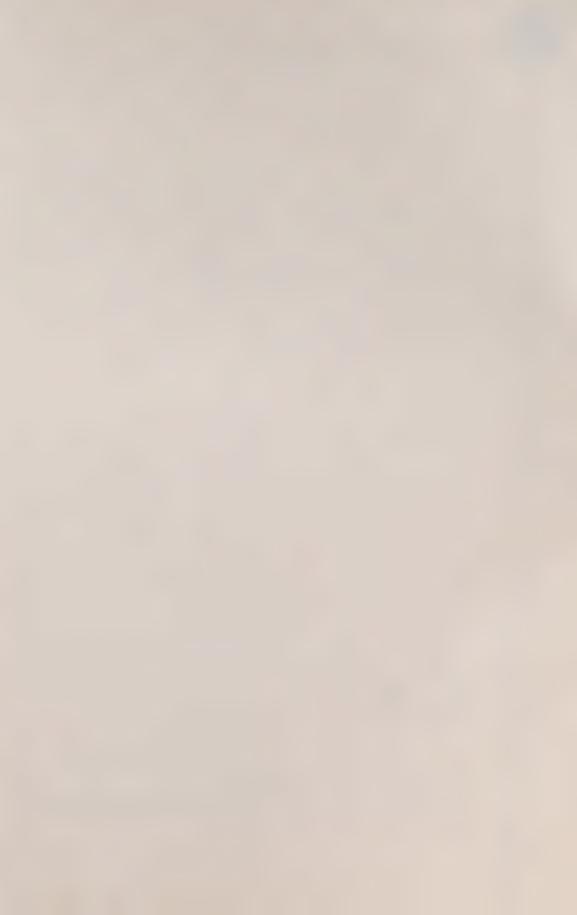


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2	Q. You were not particularly
3	surprised then that this child had taken a turn for
4	the worse?
5	A. Yes. I not knowing in what
6	context you are putting this surprise. We are always
	surprised when any baby turns sour, but, yes, in that
7	particular instance, this child, yes, we knew that
8	she could go bad, that's correct.
9	Q. You knew the child could go
10	bad?
11	A. Yes. Sick.
12	Q. And when you went to bed
13	and you obviously felt secure enough that you could
	go to bed -
14	A. Sure.
15	Q but when the code 25 call,
16	you went back in your mind to say that this child
17	wasn't well during the time that you were on the ward.
18	Is that fair enough?
19	A. Yes. She was sick for a couple
20	of past days and has been sick, and I knew that it
21	was a sick child and I went to bed, yes.
	Q. In sum that evening this
22	child Manojlovich was sick and I gather was not getting
23	better. Is that fair enough?
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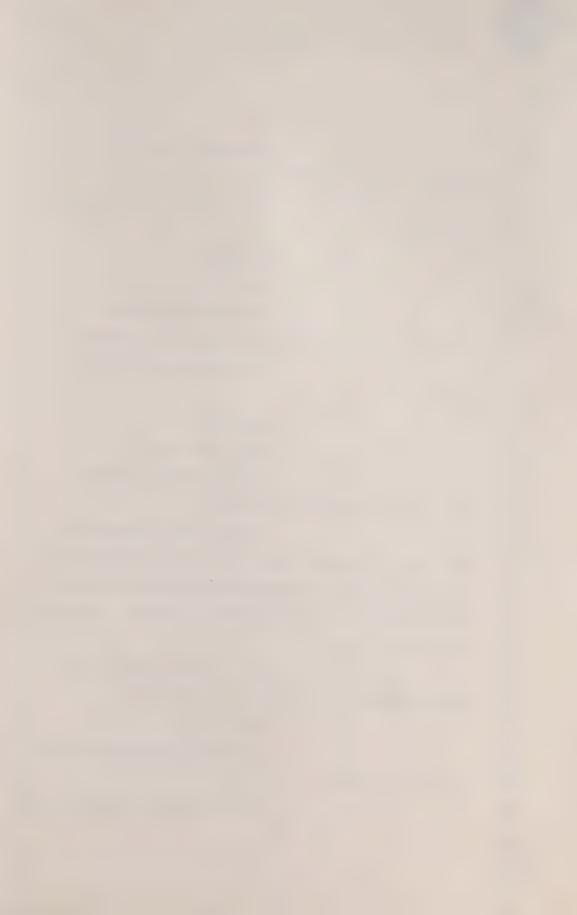


2 Α. Yes. 3 Q. Now with respect to Pacsai I gather that after Manojlovich had been pronounced 4 dead, and it said again on page 181 at about 0335 5 in the notes; still on the same page, sir? 6 Same chart? Α. 7 0. Same chart on the same page. 8 A. Okay. 9 Q. We have CPR is stopped at 10 0335? A. Yes. Okay. 11 0. Did you have any role in 12 cleaning up the child or talking to the parent? 13 A. No. 14 0. Immediately after? 15 A. On Manojlovich? 16 Q. Yes. 17 A. No. I gather that was it shortly Q. 18 after the arrest had finished that you went to see 19 the Baby Pacsai? 20 Α. That's correct. 21 Q. And Susan Nelles had been 22 at the arrest; is that correct? 23 I think she was at the arrest. A. 24





	
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2	Q. And had she left then to go
3	and tend for her children?
4	A. Yes. That's when she came
5	and told me.
6	Q. All right.
7	A. That -
	Q. Did she come back to
8	Manojlovich's room and say come and see the child?
9	A. No. Out at the nursing
10	station -
11	Q. All right.
12	A she told me.
13	Q. And what did she report
14	that she was seeing on the child?
	A. She said that the baby isn't
15	that she found some change in the baby from what she
16	had noticed before and that her heart rate sometimes
17	dropped down to the level of 60 per minute. To about
18	60 from 150 to 60.
19	Q. And I gather from your
20	evidence that you then went in by yourself?
21	A. Yes.
	Q. Accompanied by Susan Nelles
22	to see the child?
23	A. That's correct. Susan by that
24	





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you?

time was by the bed of Kevin.

Q. And when you went in I gather you did in fact clarify that the child was bradycardic?

A. Initially no. He looked fine and then I observed him for a few minutes and he went very bradycardic.

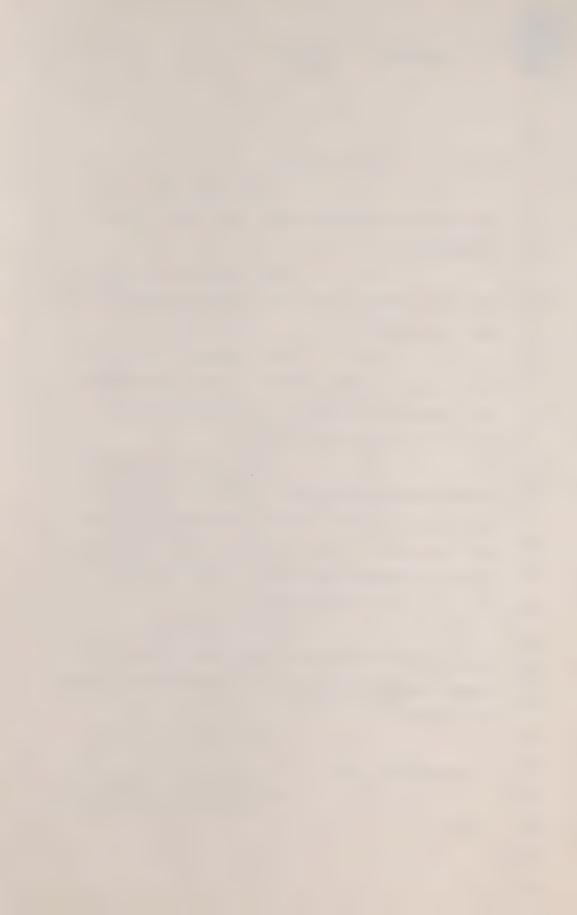
Q. And I gather that you said that was not unusual because - or you didn't think the bradycardia was that unusual because he might have been a bradycardic child?

A. No, I said his heart rate dropped considerably more than the norm which we allow for an infant. For example before I went to bed I observed his heart from 90 to 120 or 140 but this time bradycardia was more severe going to 60, 50, yes. That's what I meant.

Q. So that the level of bradycardia was below even the lowest range of the normal that you would have felt comfortable in seeing the child?

A. Yes. That's what we mean by bradycardia, yes.

Q. But that was a concern for

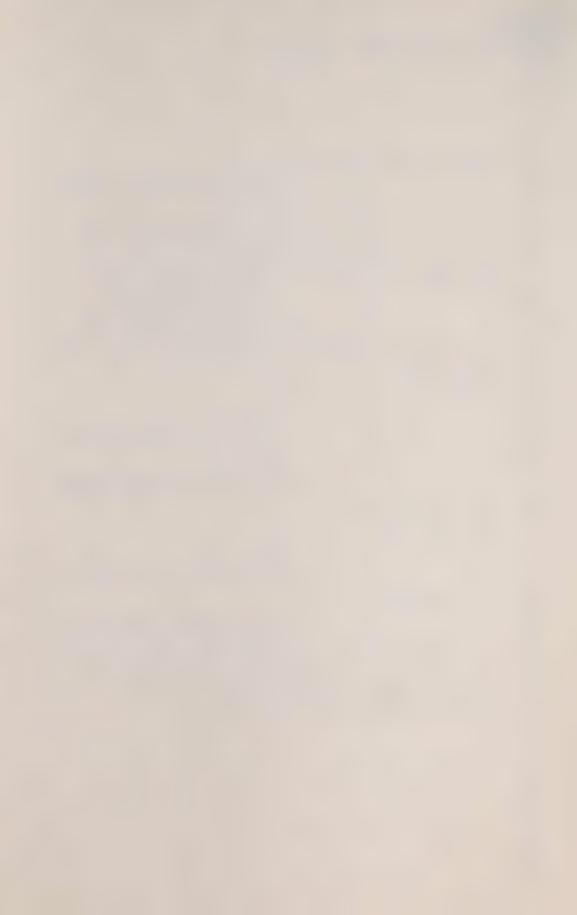




1	1	
2	A. Yes. Sure	
3	2	
3	Q. And you have	also said that
4	4 there was a further concern, and that	is that the
5	5 child was turning blue?	
6	A. Yes. Off col	our. Not blue.
7	Q. I'm sorry, of	f colour?
;	A. Yes.	
8	Q. And I gather	that was a
9 !	9 further change?	
10	A. That's correct	t.
1:	Q. And both of the	nose things,
1	that is that the heart rate was now 20	to 30 beats
13	per minute less than the normal, lower	end of the
1 1	normal in fact?	
1-1	A. That's correct	· .
. •	Q. And the fact t	hat the child
15	was going off colour during these, both	of these
17	things were of concern to you?	
18	A. Sure.	
19 :	Q. And they were	a real concern?
20	A. Sure.	
	Q. Did you then g	et Dr. Ng
21	and Dr. Costigan for their opinion?	
22	A. Yes. Dr. Ng	was there after
23	Li control de la	



1		
2	talked about this t	o both of them.
3	Q.	Did you go out and get them?
4	A.	Yes.
5	Q.	And they came in and looked;
6	made their own inde	pendent assessment of the child?
7	Α.	That's correct. With me.
8	Q.	While Dr. N.g who was the
9	1	looking at the child, you for the
1	second time?	
10	A.	Yes.
11:	Q.	Dr. Ng for the first time?
12	Α.	Yes.
13	Q.	Did you have further episodes
14	of bradycardia?	
15	Α.	Yes.
15	Q.	Did you also have the baby
17	go off colour?	
	A.	I not recollect how many times
18		ut the very fact that we observed,
19		radycardia with off colour was
20	a very great concern	to all or us.
21		



TORONTO, ONTARIO

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	Q.				While	Dr.	Ng	was	there		
did	you	see	the	2	to	1	block?				

No, it was afterwards, after we did a full EKG that was normal and we went by just observation that he had bradycardia and went off colour, and that was a concern to us, and afterwards it was I went inside that I found the 2 to 1 block which I showed Dr. Costigan, Dr. Ng was not there.

0. So in other words are you saying that the 2 to 1 block occurred after Dr. Ng had gone home?

A. Yes. I do not know, I am sorry I do not know if he has gone home but he was away from the wards, yes.

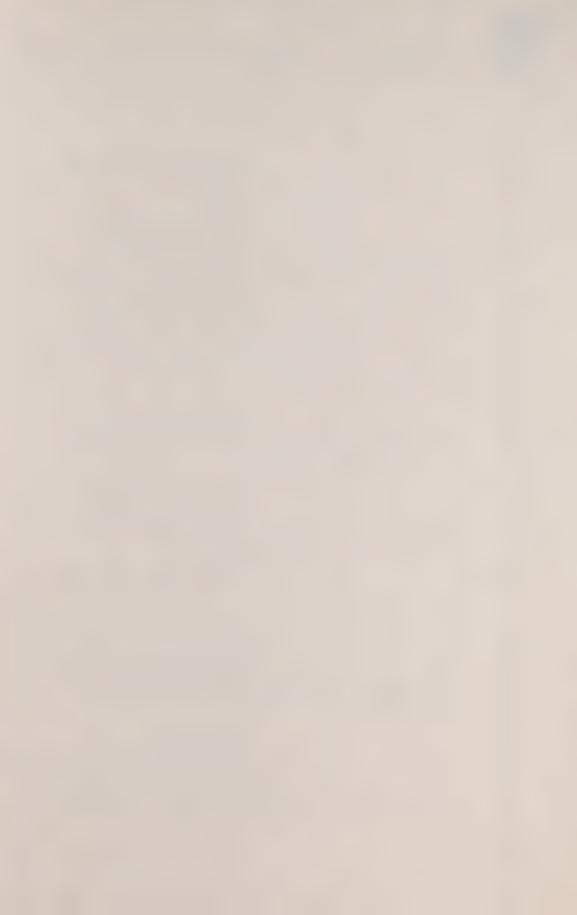
0. And Dr. Ng did not see the 2 to 1 block?

> Α. No.

0. So is it when you saw the 2 to 1 block that was yet a third bad sign on this child?

> Α. Absolutely.

0. And is that when you got Dr. Costigan up from ICU to hasten the transfer to



ICU?

A. No. Dr. Costigan saw that 2 to 1 block, that is when he went off the ward to make an arrangement for his transfer to the Intensive Care Unit.

Q. And when Dr. Ng, before Dr. Ng left, did he order any tests?

A. No. We decided that we would do a full EKG and start digoxin, and that is all what was planned on him.

Q. In other words was there any further exploration to be done as to why this child was experiencing bradycardia at 60 and going off colour?

A. We had following question that suggested; one was sepsis or infection; the other one was congenital heart block; and the third one was that he may have aspirated, and that is why we stopped his feeds and put him on IV.

 Ω . With respect to the sepsis, the fact that the child was on antibotics was an answer to that, is that correct?

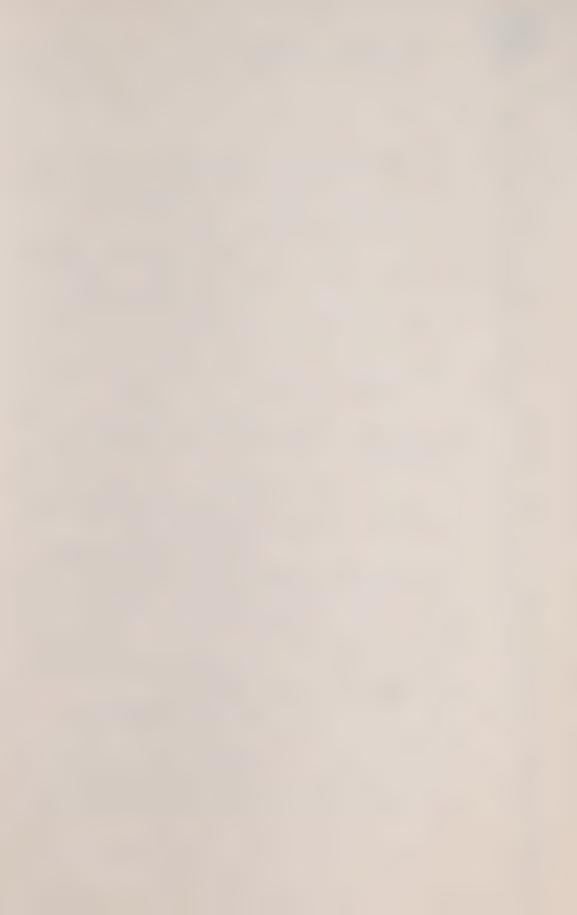
A. That is correct, but we could not control all of the infections with the



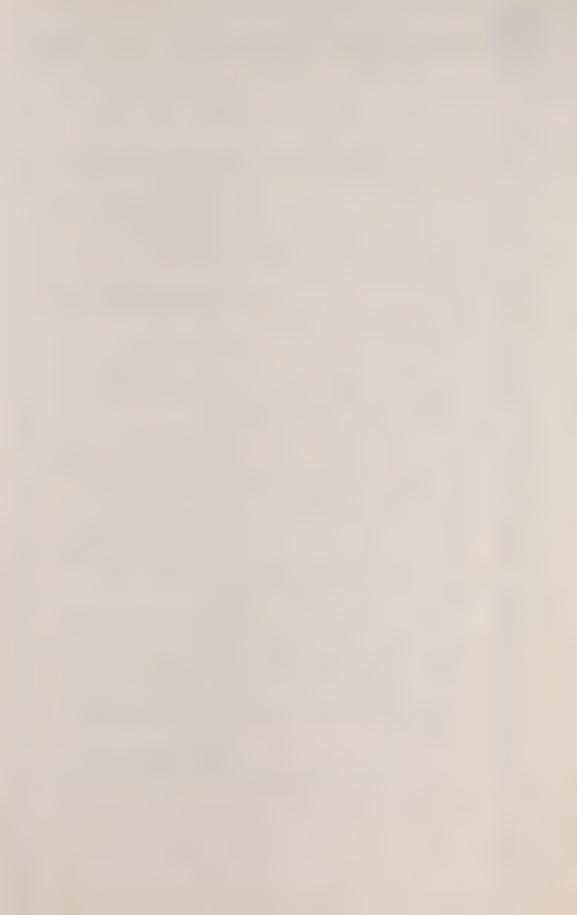
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two antibiotics that she was getting that was
covering the majority of the infection but still
the child would be septic.
Q. Were any more tests ordered
to try and isolate the particular type of sepsis?
A. Well that was not ordered
at that time, no.
Q. The second thing was you
said it might be a congenital heart defect.
A. Congenital heart block,
or conduction abnormality, I'm sorry, conduction
abnormality.
Q. If that was a possibility
what did you do to try and eliminate that?
A. Okay. We planned on doing
a halter monitor on the child the next day, it
is a 24 hour monitor on the child and that was
planned on him in any case.
Q. Is that recorded anywhere
in your notes, or in your orders?
A. I do not remember having
done that.
Q. Could you just check the

Doctor's orders for me, would it be in the Doctor's



1 2 orders? If you were going to do a halter monitor 3 the next day. A. I do not think I ordered 4 at that point, but we did talk about it. No, 5 I don't see that here. 6 Q. Was that a discussion that you had with Dr. Ng? 8 Α. That's correct. 9 You have written no 0. 10 notes on this particular child? Α. I am sure not. 11 0. That is just Dr. Costigan 12 who was the Chief Resident, is that correct? 13 Α. Yes. 14 0. And he was the resident 15 from the ICU that night? 16 Α. Yes. 17 Q. Is there any reason why you did not chart your concerns? 18 We discussed but we 19 didn't chart it, it is not for any particular 20 reason. 21 Q. So with respect to a 22 problem in the conduction. 23 24



L-5

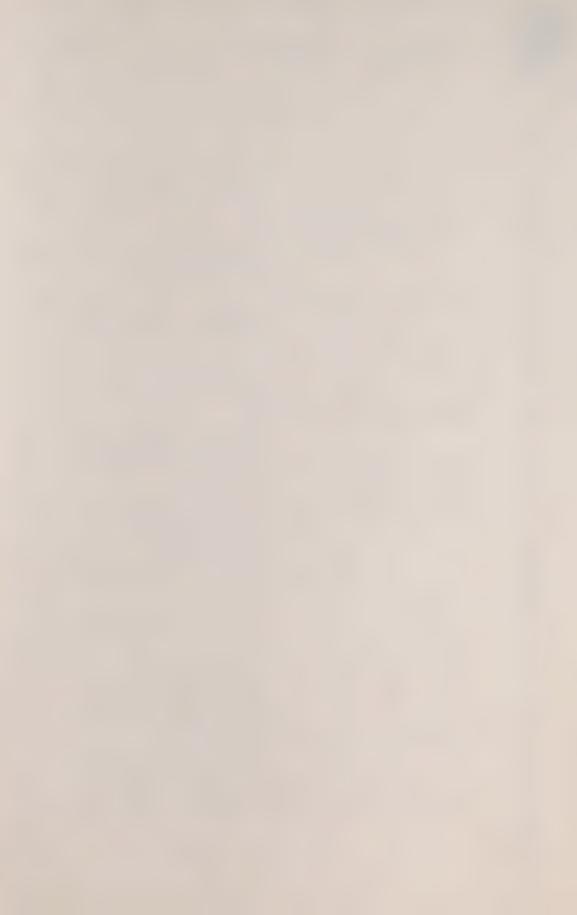
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2	A. Yes.
3	Q. You were going to run
4	a halter monitor series?
5	A. Yes, sure.
6	Q. What was the third
	possibility, aspiration?
7	A. Aspiration, and we did
8	order a chest x-ray on the child.
9	Q. Where did you order
10	the chest x-ray did you say?
11	A. Just a second would yo
12	give me a few minutes please. Okay, if we take
13	68 page number:
14	" Chest x-ray done now please che
	Q. Where is that?
15	A. This is a transfer sum
16	on page 68.
17	Q. This is a transfer sum
18	to the ICU?
19	A. That is correct.
20	Q. That is after the chil
21	has gone to the ICU, is that correct?
22	A. No, this is before wit
23	the child that was sent, and I have written dow
24	

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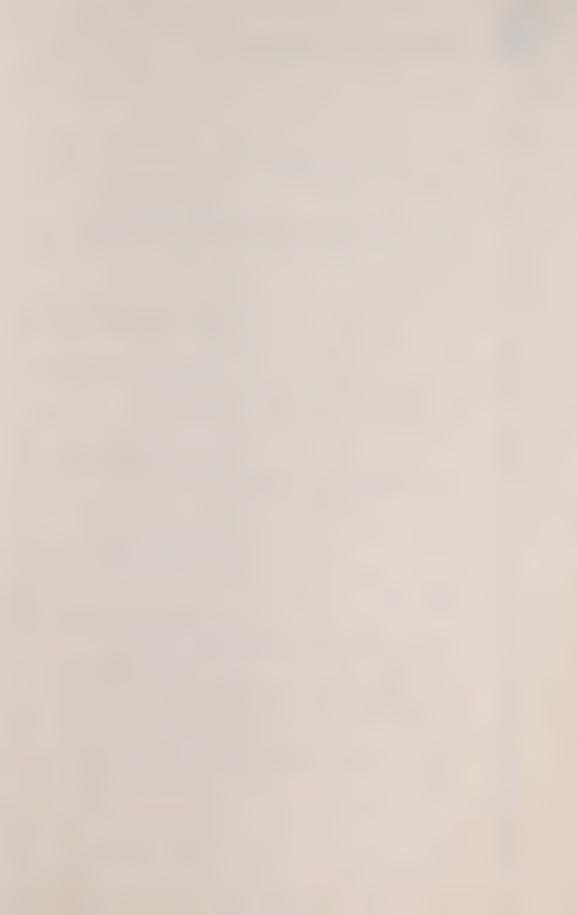
TORONTO, ONTARIO

sure. was the third ation, and we did ld. did you order a second would you Okay, if we take ne now please check." is that? is a transfer summary is a transfer summary is correct. is after the child orrect? nis is before with have written down



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1	
2	here "chest x-ray are done now please check", that
3	
4	Q. When you and Dr. Ng
5	were trying to go through the various possible
6	causes.
7	A. Yes.
8	Q. For the child's deterioration.
	A. Yes.
9	was chest x-ray, were both
10	aspiration and chest x-ray explored?
11	A. Yes.
12	Q. And as a Doctor did you
13	order that to be done immediately?
14	A. Yes.
15	Q. Was that done?
	A. Yes, it says "chest x-ray
16	down now".
17	Q. That was after the time
18	that you decided to transfer him to the ICU.
19	A. Yes, after we decided to
20	transfer him to the ICU, that's right.
21	Q. So that the discussion
22	then - no further blood tests were ordered by
	Dr. Ng.
23	



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Α.	Su	re	
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Q. And the halter monitor which was discussed is not in the chart.

A. Sure, it could not be done that night. We wanted to, and the examination of his chest didn't show any abnormality in the lung, so we discussed that was a possibility, yes.

Q. So that after 3:35 o'clock and say to 4:00 o'clock there was a real grave concern about the health of this child?

A. Yes.

Q. And the child did not appear to be getting better.

A. That's correct.

Q. What you are saying is that you stayed with the child essentially throughout the rest of the night through the transfer to the ICU, is that correct?

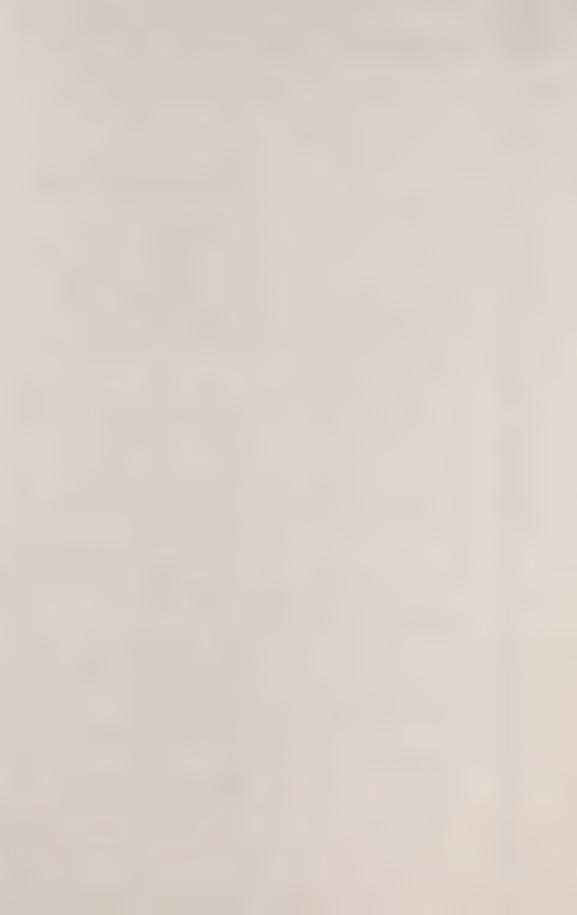
A. Yes, I remained throughout with the child. in the ward, on and off, inside with Kevin, discussing outside, coming back out again and talking to people and that is all I did the whole night, that is correct.

Q. Did you call Dr. Ng again?



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2	A. No.							
3	Q. Do you know if Dr. Cost	tigar						
4	called Dr. Ng?							
5	A. I don't know.							
6	Q. Now I would like to ask	ς						
	you about Justin Cook. Could you please look at	t						
7	his chart, I think it might be easier. I would							
8	like to ask you about the day shift, what time did							
9	you come on duty?							
10	A. 9:00 o'clock - 10:00 o	cloc						
11	Q. A.M., 9 to 10 a.m.?							
12	A. Yes.							
13	Q. If you would just look							
4	at page 26 of the chart, starting in the daytime	è .						
	A. I have it.							
15	Q. When you arrived I gath	ner						
6	the child was to go to the Cath. Lab for a							
7	procedure, is that correct?							
8	A. That is correct.							
9	Q. And did you go, did you	I						
0	attend as well?							
1	A. The catheterization							
	procedure?							
22	Q. Yes:							
3								

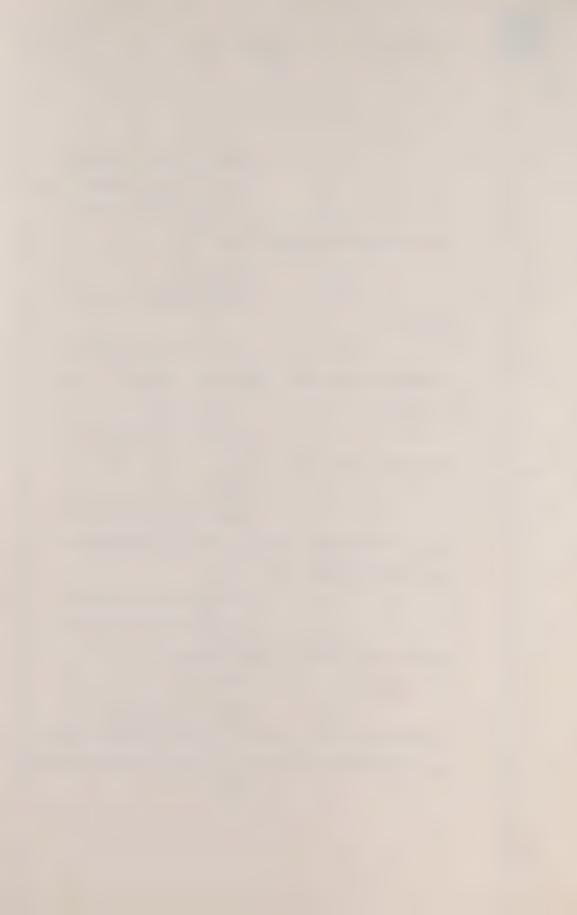


1								
2	A. No, I did not attend.							
3	Q. And it is charted that							
4	the child came back at about 1:15 o'clock in the							
5	afternoon from the heart cath., is that correct?							
6	A. Is that							
	Q. That is page 26, at							
7	the bottom.							
8	A. Yes, it is written down							
9	here, yes.							
10	Q. I gather that after the							
11	child comes back from the Lab that there are real							
12	concerns about that child for the immediate period							
13	after the procedure, is that correct?							
14	A. Yes.							
15	Q. The child is closely							
	monitored every 10 to 15 minutes?							
16	A. Sure.							
17	Q. And in this particular							
18	case the leg, the right leg was purple and cool							
19	and the fetal pulses were not palpable?							
20	A. Yes.							
21	Q. Is that as a result of							
22	the heart catheterization?							
23	A. Yes.							
24								
25								

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1 2 Q. And is that of concern? 3 It is of some concern, yes. Α. Do you have any idea how Q. 4 long the catheterization was? 5 Α. How long? 6 How long the child was Q. 7 away? 8 Α. I do not remember but 9 probably two hours or something like that, I am 10 not sure. 0. That is quite a long 11 procedure, isn't it? 12 A. Yes. 13 Q. What I mean is from the 14 time he was taken from the wards to the time he 15 was brought back. 16 Α. I am not sure exactly. Dr. Kantak, if you have 17 Q. a child with severe abnormalities. 18 Α. Yes. 19 Q. Does it sometimes take 20 longer and is the process more difficult to define 21 these abnormalities during the heart catheterization? 22 A. Sure. 23 24



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that a concern?

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		Q.		2	And	as	а	resu	ılt .	is	it
necessary	to	use	more	dye	in	ord	der	to	get	a	clear
picture as	s to	o wha	at is	wron	na?						

I'm not sure of that because I am not an expert on that, I don't know? 0. When Cook came back one of the concerns was that he had undergone a fair amount of stress during the catheterization, was

Α. Dr. Freedom came and talked to us about his catheterization report. I do not remember he mentioned what problem, difficulties he had while catheterizing the child. I am sure -Justin had a very severe congenital heart disease and he may have some problem. I do not recall, I do not recollect what difficulty he had.

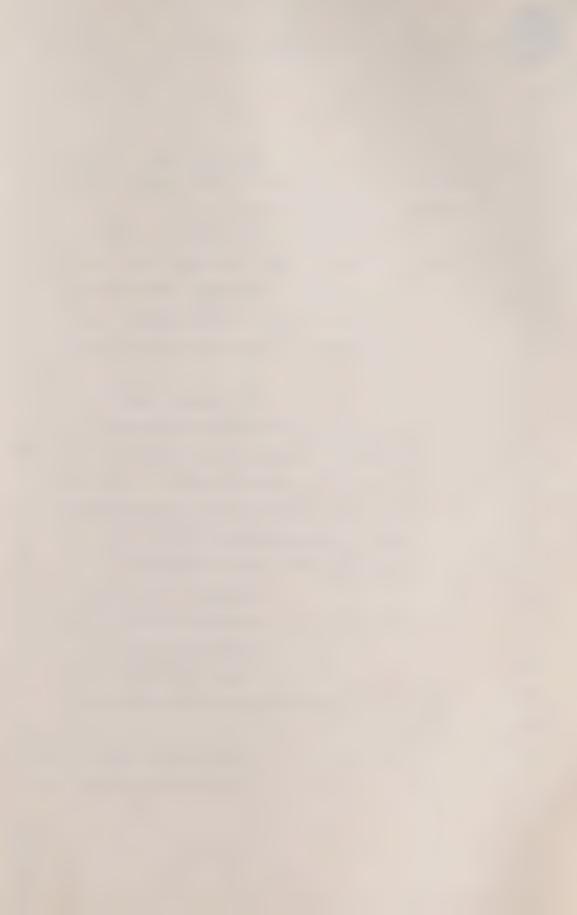
Perhaps you could help 0. me, he had a TET spell at about 6:00 o'clock p.m.

> That is correct. A.

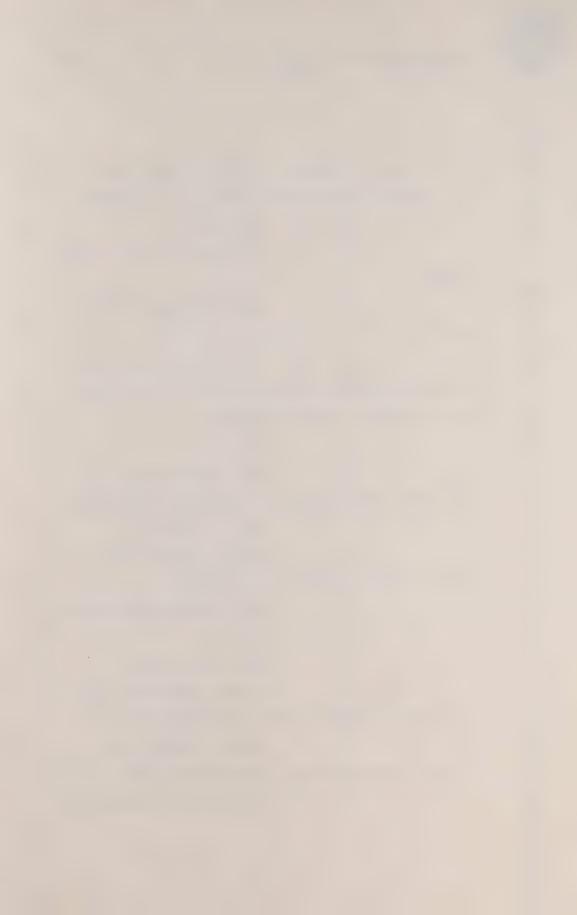
Is the TET spell in any Q. result of the catheterization that had occurred earlier?

> I'm not sure, I don't know. A.

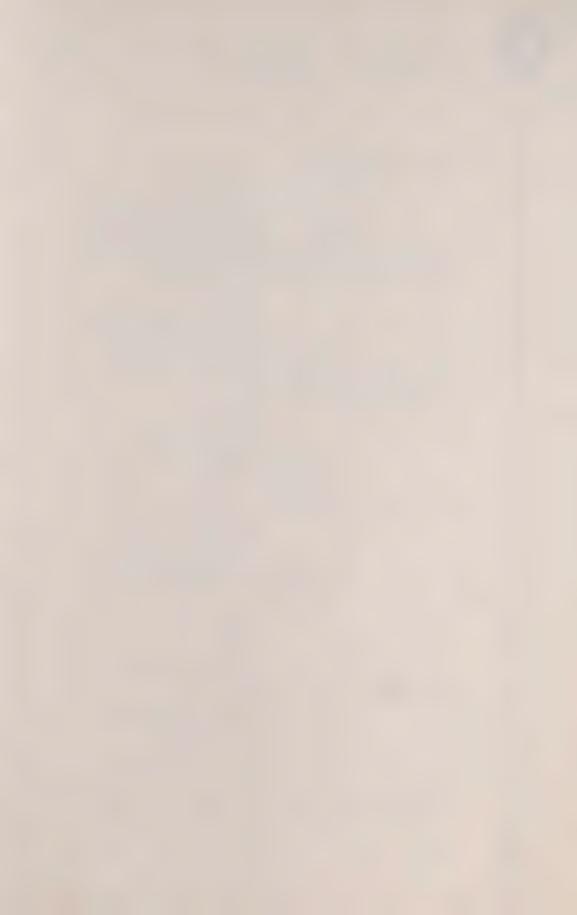
Q. Now you had said that when



2 the TET spell occurred in the afternoon that 3 Dr. Jedeikin was with the child and you were not. Sure, yes. Α. 0. And you were over in fact 5 on 4B? 6 Yes, the opposite side, A. yes. 8 And you said that when 0. 9 you were called to the room you were called there by Dr. Jedeikin, is that correct? 10 Α. Yes. 11 And I believe that you 12 said that a second dose of Propranolol was given? 13 Yes, I think so. Α. 14 Can you please tell us Q. 15 why you think there was a second dose? 16 Why there was second dose? A. Yes. 0. 17 Why it was given? A. 18 Q. No, why you think that 19 Dr. Jedeikin gave two doses of Propranolol? 20 Α. Because probably he 21 didn't respond partially to the first dose. 22 Well if you would look at 0. 23 24



1 2 the top of page 27. 3 Α. Yes. Q. We have charted by the 4 nurse who had care of the child and perhaps you 5 will accept that as given, Mrs. Scott. 6 A. Yes. That at 1800 hours the 8 child became very pale and cyanotic and the 9 respirations were laboured. 10 A. Yes. Q. She then says: 11 " Inderal 0.42." 12 And I can't read that. 13 A. CC. per --14 Q. "IV were given by Dr. 15 Kantak and Jedeikin and oxygen 16 given. " Α. Yes. 17 Q. Now the charting shows 18 one administration of Inderal. 19 That I understand. Α. 20 Not two. 0. 21 A. Yes, I'm not sure. I 22 recollect that it was given when I was there and I 23 24



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2	do not remember
3	Q. You were there when
4	Inderal was given?
5	A. Yes.
6	Q. You were not there when
7	Dr. Jedeikin might have given it before?
	A. Yes, he did mention to
8	me that he has given
9	Q. Jedeikin mentioned to
10	you that he had given it?
11	A. Yes, I mean he came in
12	and he called me and he asked me to see the child
13	with him, yes.
	Q. Did he at that time tel
14	you that he had given
15	A. Yes, I think so but I
16	was not present at that time.
17	Q. The fact that it is not
18	charted by the nurse who had care of the child,
19	isn't it possible that you are mistaken and in
20	fact only one dose of Inderal was given?
	A. I do not know why it was
21	not charted, what I said was what I remembered at
22	that time.

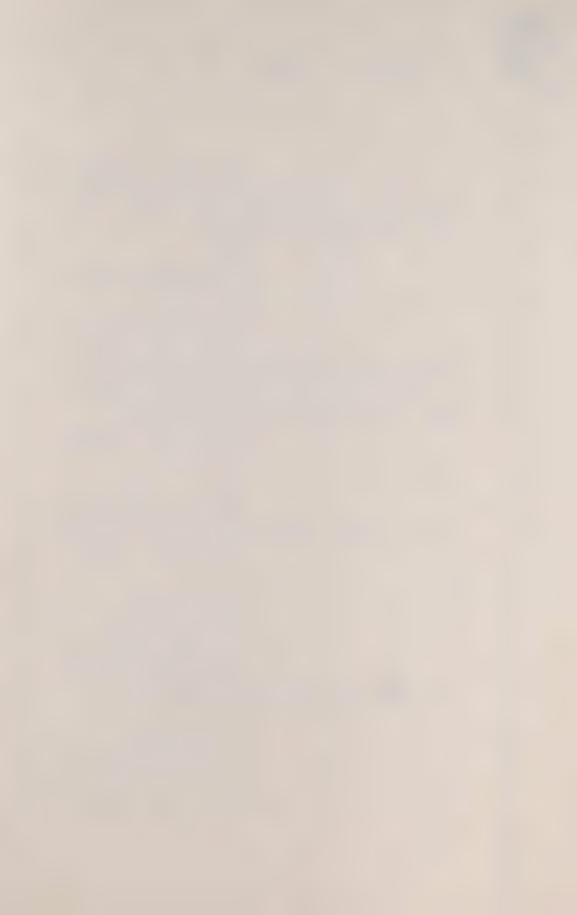


Q. Well there is another possibility Dr. Kantak, and that is that the child was to receive oral Propranolol.

- A. Sure.
- Q. At 6:00 o'clock p.m.
- A. Okay.
- Q. And in fact it is our understanding that the nurse, Sui Scott, tried to give the child the oral Propranolol at that time. Is that possibly what had occurred?
- A. I don't know, I really don't know.
- Q. Because I believe that she has charted that she gave that at 1800 hours.
 - A. I don't know, I don't
 - Q. You don't know?
 - A. No, I don't know.
 - Q. Now when you came into

the room at the call from Dr. Jedeikin.

- A. Yes.
- Q. Who was there?
- A. You mean in terms of nurse.
- Q. Dr. Jedeikin was there.





L-16

A. Yes.

Q. You were there.

A. Yes.

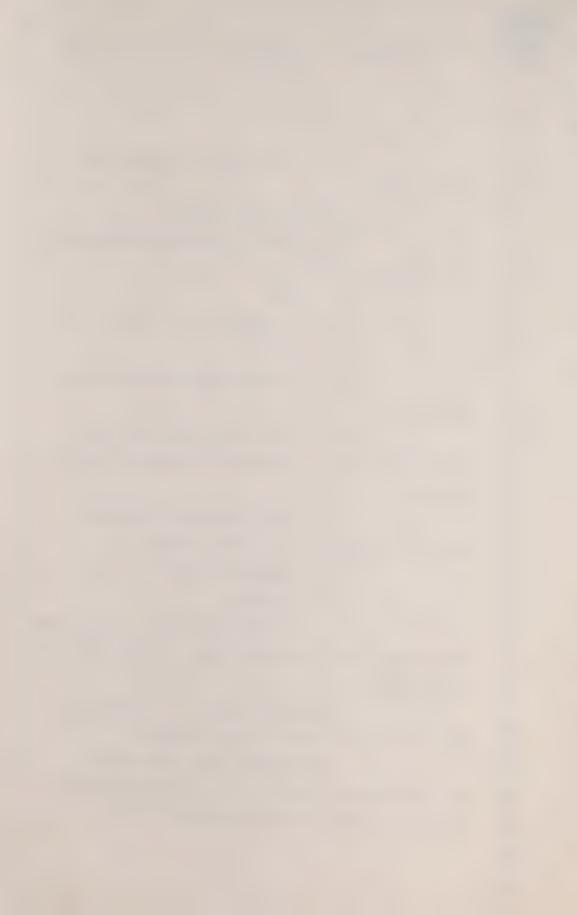


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jc 1	
2	Q. Was the child's nurse, Sui
3	Scott, there?
4	A. I don't remember.
5	Q. She is a nurse from Malaysia,
6	does that help you at all?
7	A. No.
	Q. It doesn't help you?
8	A. No.
9	Q. Was the charge nurse or team
10	leader there?
11	A. No, I don't think so, but I
12	don't know. I don't remember, I am sorry. I don't
13	remember.
14	Q. When you came in what was
	happening immediately upon your arrival?
15	A. There was a nurse there.
16	Q. A nurse?
17	A. I don't know who. I think there
18	was a nurse, but there may be two. I don't know. The
19	second thing
20	THE COMMISSIONER: I am sorry, we
21	are talking about the 6 o'clock incident.
22	THE WITNESS: Yes, I was there.
	Dr. Jedeikin was there and I do not remember which
23	nurse or how many nurses were there.

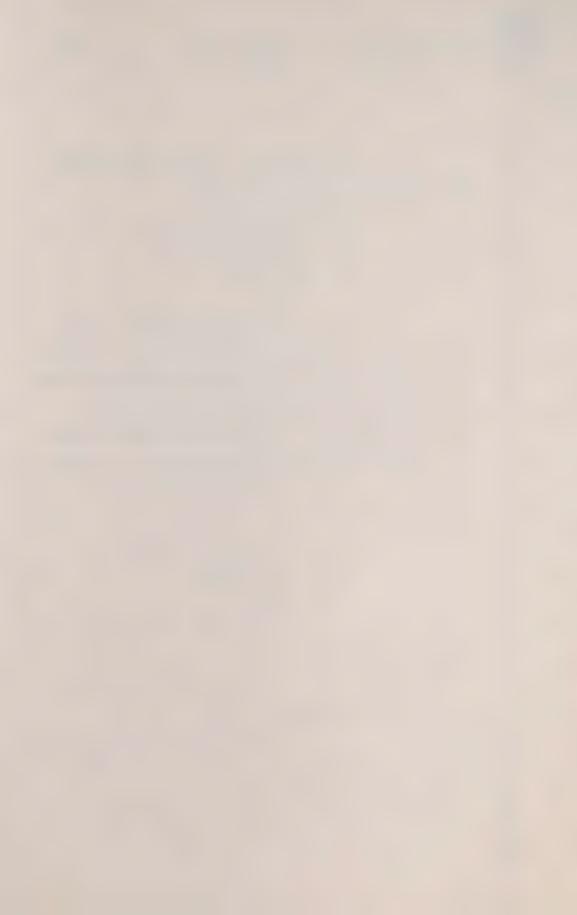




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M. 2

1 2 MS. SYMES: Q. All right. When 3 you walked in did you look at Cook? A. Yes. 4 What did you see? 0. 5 On Cook? A. 6 Yes. 0. 7 He was blue, as usual. His 8 heart rate was normal. We auscultated him. He had a 9 faint murmur present. His chest area looked all right. 10 His respirations looked all right and he was no different from when I saw him after admission except 11 he may be a little more blue or something like that. 12 Q. As time progressed what 13 happened to Cook? 14 A. Just then he improved. 15 He improved? Q. 16 Yes. A. Did Jedeikin give him any drugs 17 Q. when you were there? 18 A. I said he gave propranolol to 19 him. We give propranolol to him. 20 Q. I am asking you before Jedeikin 21 gave him the propranolol that you saw was there any 22 change in Cook's condition? 23 A. He was, as I said, blue and



maybe slightly more blue so we gave him more propranolol for him.

Q. Wait a second. You come in and Cook is blue?

A. Yes. I came in with Dr. Jedeikin.

Q. Does Cook get bluer while you are watching him? Does his condition get worse?

A. He improved after giving the second propranolol.

Q. Dr. Kantak, I am trying to bring you to the point before the Inderal is given.

A. He was bluer than what I saw him in the morning.

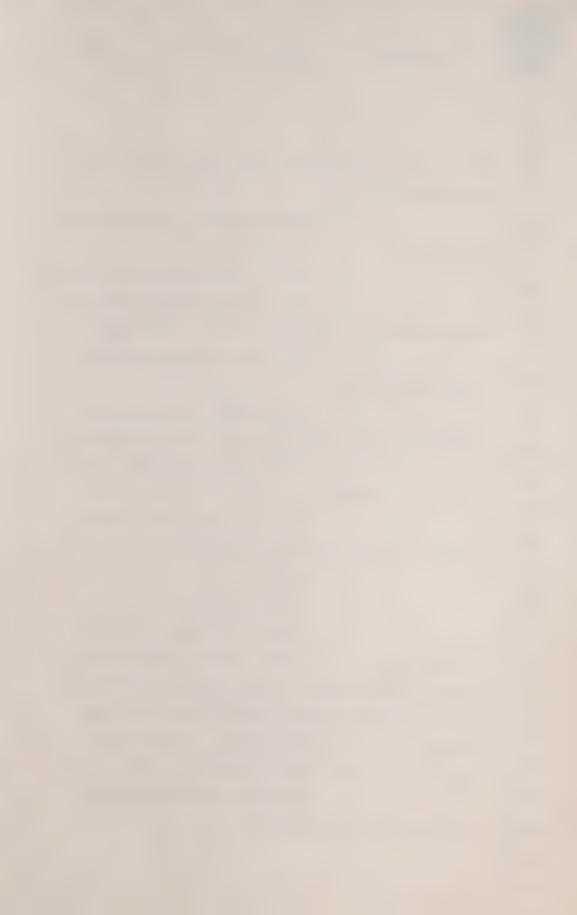
Q. When you came in you said he was blue, when you came into the room?

A. Sure.

Q. Did he get worse?

A. Okay. All right, I got what you are asking. He was blue, okay. He didn't get more blue or get murmur, but his murmur was not of the same quality or same intensity as we had seen before, that we had heard before. I think that prompted us to give more propranolol to him.

Q. Now, who called out for the propranolol, you or Jedeikin?





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I don't remember. A.

0. Was it in the room or did someone have to go and leave the room to go and get it?

I knew that was the next A. question. I don't know.

> 0. You don't know?

A. I don't remember. That is what I was thinking just when you asked the first question.

Q Let's just take questions one

A. Yes.

Q. Do you recall if someone had to leave the room in order to give the Inderal?

> A. I don't remember.

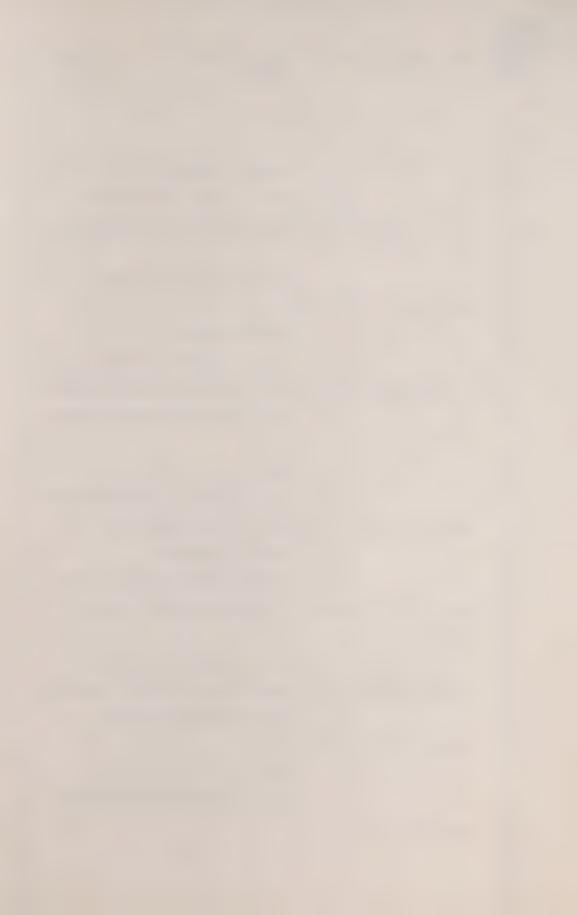
0. Can you recall whether or not there was any anxiety in waiting for the drug to arrive?

You are putting the same question, just framed differently. I don't remember.

Can you remember anyone bringing in the crash cart?

> No. A.

Q. Do you remember the crash cart coming in at all?



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A. No, I don't remembe	r.
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Q. You don't remember?

A. No.

Q. Do you remember the anxiety level being fairly high about the child who was blue and getting bluer?

A. You are asking the same question. I don't remember.

THE COMMISSIONER: You don't remember whether the child got bluer? The child did improve with the second dose of propranolol?

MS. SYMES: Yes, Mr. Commissioner.

I am asking before.

THE COMMISSIONER: Yes. I understand. He doesn't remember.

THE WITNESS: I don't remember.

MS. SYMES: Q. You have no recollection of the events, but at some point someone gives him Inderal?

A. Yes.

Q. IV?

A. Yes.

Q. IV push?

A. Yes.

Q. Was that you or Jedeikin?



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		A		No,	I	didn't	play	any	part	in
the	injection,	I	think	Dr.		Jedeikir	n gave	the	e inje	ection

Do you recall at all the 0. routine that was gone through in that administration?

> Well --A.

That is, who handed him the drug?

No. I'm sorry, I didn't, A.

because I was caught by surprise, because the child turned blue and I was not there. I was just next door, so in my mind I was thinking I had to keep a more closer watch on him. Such kind of thing I didn't think about what was going on by myself.

Dr. Kantak, would you agree with me that there was a real urgency to get that propranolol into this child?

The propranolol is one dose A. which was given. I don't remember those, but just thinking back, propranolol would help in there, because the first dose was already administered isn't it?

Q. Well, we have got a problem with that first dose. It is not recorded anywhere on the chart. If you are in error and, in fact, the chart is correct, there was only one dose of Inderal and you say you were present for that?





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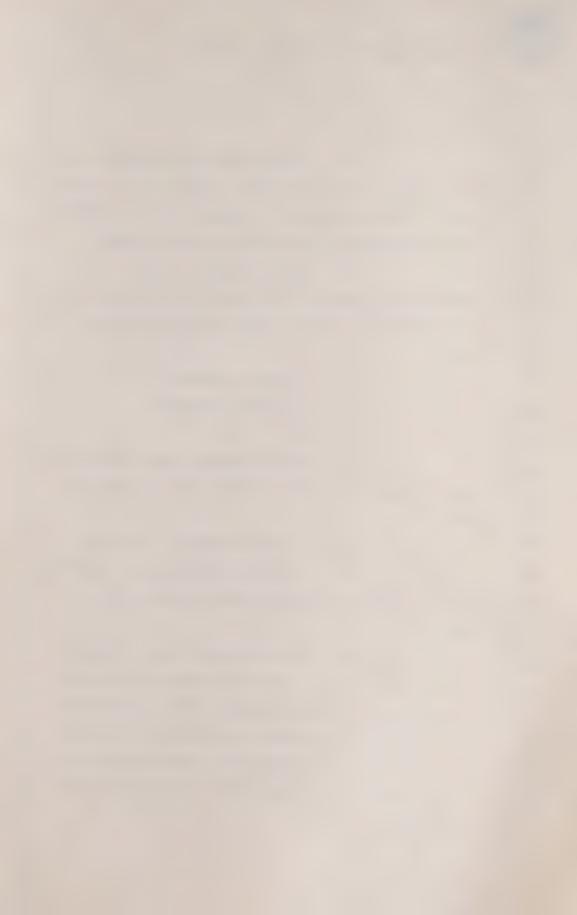
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		A.	I wa	s pres	ent for	r one	dose.	I
do	not know	of the	higher	dose.	I did	n't se	e it and	đ
I	didn't kno	w who	gave it.	I do	not k	now.	I presu	me ,
I	understood	from I	or. Jede	ikin t	hat it	was d	one.	

Q. But Dr. Kantak, can you remember there being a real concern or anxiety that this child had to receive this Inderal quickly at 6 p.m.?

- A. I don't remember.
- Q. You don't remember?
- A. No.
- Q. Do you remember any verification that, in fact, here was the Inderal and checking it out?
 - A. I don't remember, I'm sorry.
- Q. I gather that after Dr. Jedeikin gave the Inderal the child pinked up, sort of like magic?
- A. No, not pinked up. He doesn't pink up; he is blue. He had been blue all the time. He doesn't pink up, but he looks better in the sense that his blue colour improves a little bit. He is less blue, he is more pronounced. His activity is a little better in the overall observation of five or ten minutes.



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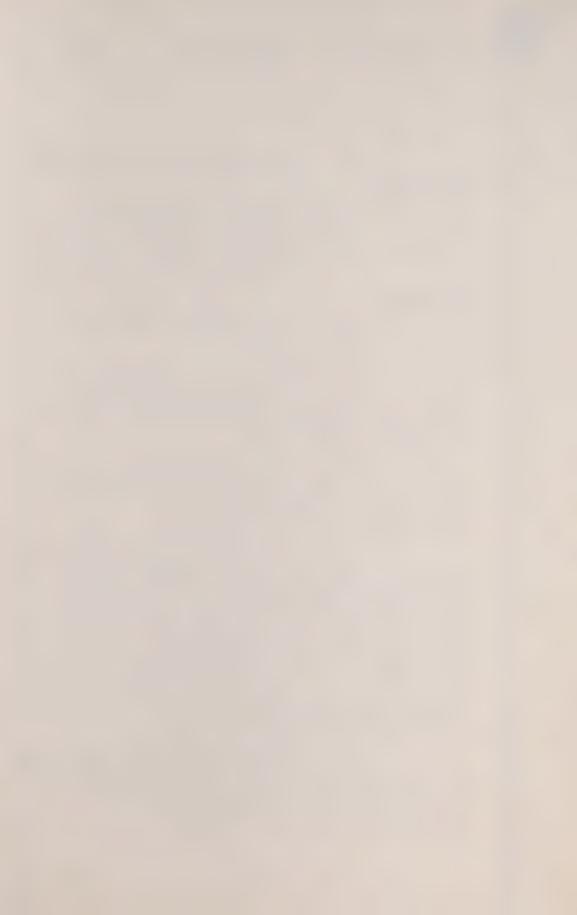
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		Q.	Dr.	Kantak,	did	this	improvement
happen	quickly?						

- A. After the second dose, yes.
- Q. After the only dose that you saw?
- A. Whatever you say, yes, but yes,

he improved.

- Q. Did it happen quickly, sir?
- A. Yes.
- Q. And after he had improved I gather it was decided that Inderal should be kept at the bedside; is that correct?
 - A. Yes, that's correct.
- Q. Do you recall discussing that with Jedeikin in Cook's room?
- A. No. We discussed it inside, talking, but when we sat down we checked the dose, how much to be given and what is to be done and we said -- I remember even the place where we sat down in the Hospital, by the nursing station.
- Q. So your recollection is that it was at the nursing station?
 - A. That is correct.
- Q. And you have then no recollection of the nurse coming into Cook's room and showing you or Jedeikin two ampules of Inderal?



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A. No, I don't.

Q. Do you have any recollection of seeing ampules of Inderal by the bedside, that is not taped to the end of the bed, but by the bedside?

A. No.

Q. At any time during the night do you recall seeing them there?

A. No.

Q. So your last part of this is that you recall discussing with Jedeikin that Inderal should be kept on the end of the bed?

A. That is correct.

Q. And you have no recollection as to who did it or when it was done?

A. Right. You are right.

Q. And so I gather that at 6 p.m. after this tet spell, that you were really concerned

A. Sure, yes.

this child might have another one?

Q. And you kept a fairly close eye on this for the rest of the evening?

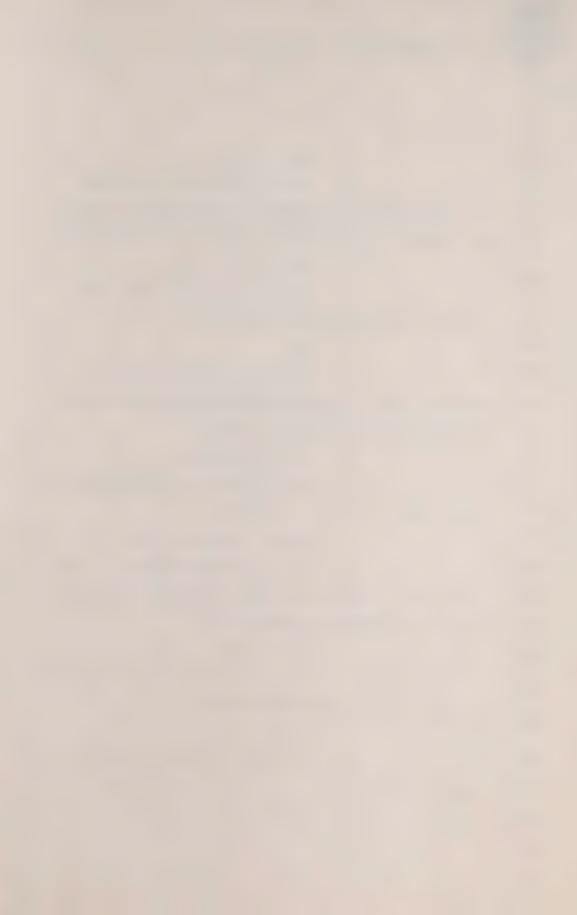
A. That's correct.

Q. And then you went to bed at

about 1 o'clock?

A. Yes.

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MS. SYMES: Is this a convenient

time?

THE COMMISSIONER: Yes. How much

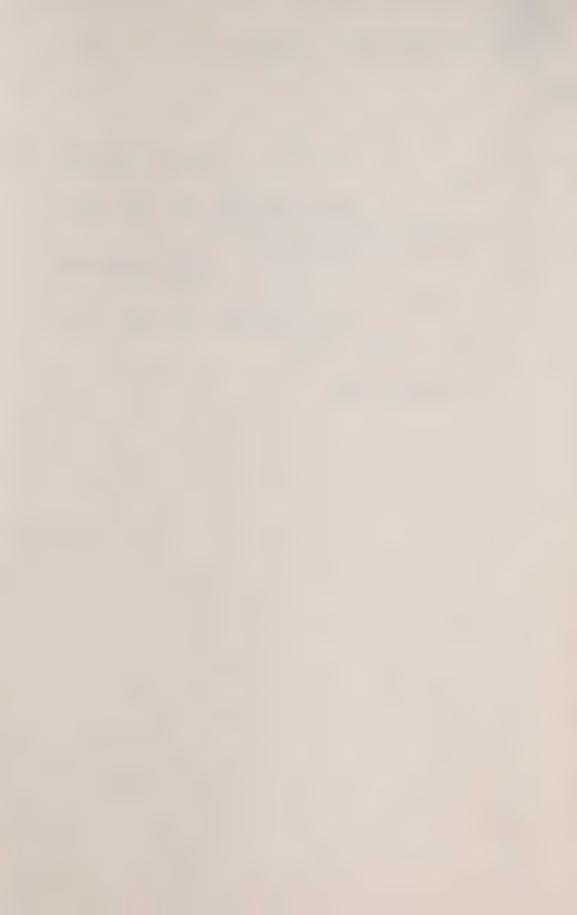
longer do you think you have?

MS. SYMES: I would imagine about

15 minutes.

THE COMMISSIONER: All right. We will rise now until 2:15 p.m.

--- Luncheon recess.





EMT/hr

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--- Upon resuming

THE COMMISSIONER: Yes, Miss Symes.

MS. SYMES: Q: Dr. Kantak, just

before the lunch break I was asking you about the sequence of events at 6:00 p.m. with respect to Justin Cook. The nurse who was in charge that day, Marie Mandal, gave evidence at the preliminary inquiry. It is found in Volume 14 at page 27 and I would ask that it be - you have a copy there?

A. I have.

THE COMMISSIONER: No, I don't think you have. We will share it.

MS. SYMES: Q: Starting on page 27 there is a discussion with respect to the oral propronolol that was due at 1800 hours.

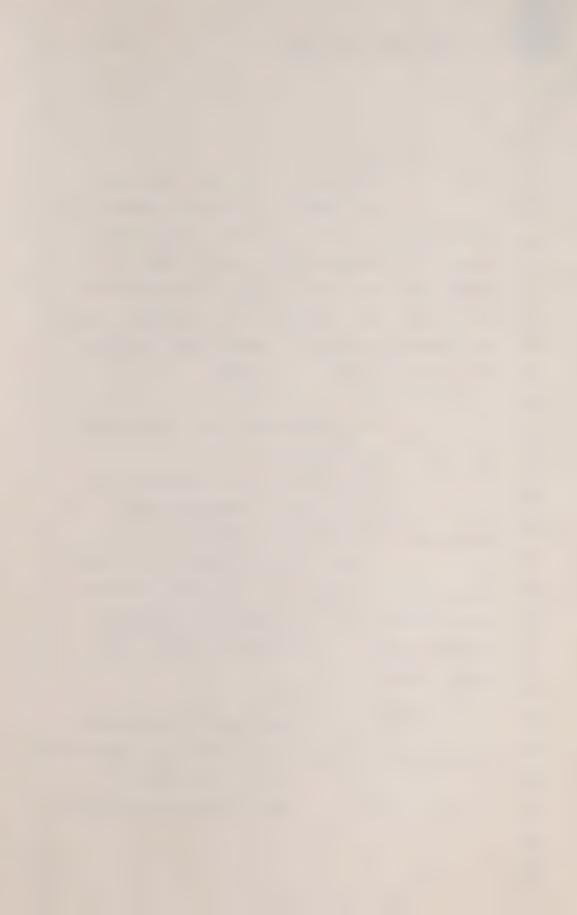
Would you check, please, on the chart of Cook which is Exhibit No. 116 at page 17 if you can follow me. Do you see this is the medication treatment record. Do you have it in front of you, Doctor Kantak?

A. Yes.

Q. The order for propronolol is 3 milligrams - PO is quote by mouth, is that correct?

A. That's right. Per Os.

Q. And it was due then at 1800



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nours	on	the	21st;	is	that	CC	orrect	?
			A.		Th	ne	21st,	2

Q. And it appears to have been signed by Sui Scott who we have seen from the chart is the nurse who had care of Justin during the long day shift?

A. Okay.

Q. That would be an oral administration; is that correct?

res.

A. Sure.

Q. Not turning to page 27 of the preliminary inquiry, approximately line 18, it is:

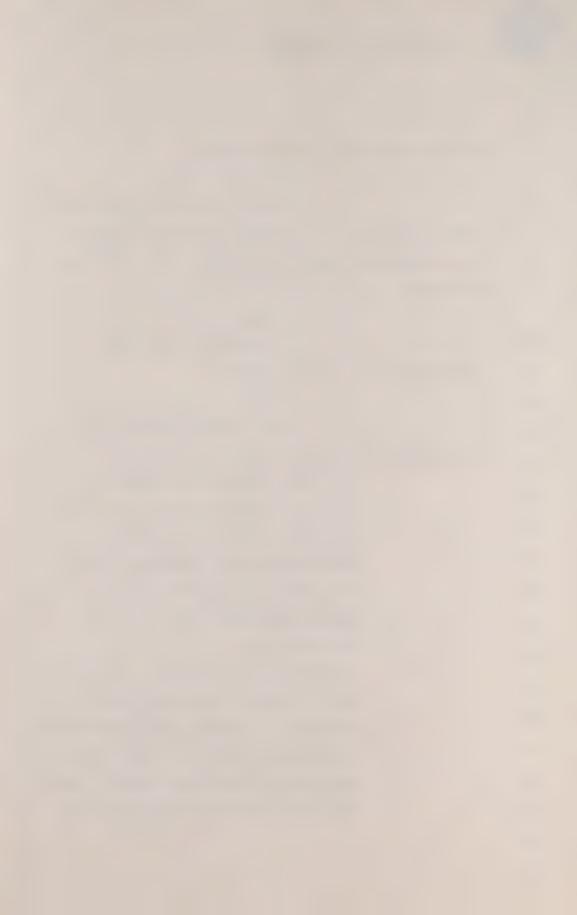
"O. Go on, please, Miss Mandal.

A. I was sitting at the desk. I am not quite sure what I was doing - "
THE COMMISSIONER: I'm sorry, page 27?
MS. SYMES: Page 28 now. Line 18.

THE COMMISSIONER: Yes.

MS. SYMES: Q:

"I was sitting at the desk. I'm not quite sure what I was doing and I remember Dr. Jedeikin come saying Marie come quickly into 418. I just got up and rushed into 418 with him and Justin Cook was lying on his bed and he was



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blue.

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Q. What time would that have been at?

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A. Around 6:00 o'clock, shortly after he had the propronolol.

Q. Yes.

A. And Dr. Jedeikin was listening to his heart and he sent Mrs. Scott out to draw up some I.V. propranolol and I turned up the oxygen to 100 per cent because Justin was on 40 per cent.

O. Yes.

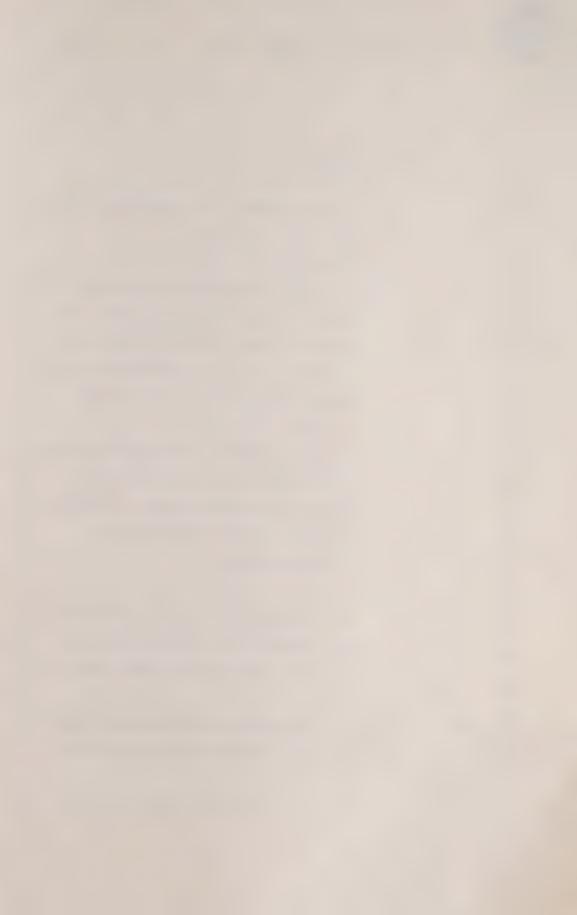
A. And it seemed - the seconds seemed like hours. He seemed to be getting blacker and blacker, and Dr. Jedeikin sent me to call Dr. Kantak, the resident doctor.

O. Yes.

A. And he was on 4B and I yelled for him to come over to 4A and with him came Mrs. Bracewell the team leader on 4B."

Now does that help your recollection that it was Marie Mandal who went to get you, the charge nurse?

A. No, I don't know. I not





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recollect that.

next sequence:

Q. Do you recollect something entirely different?

A. No. I remember Dr. Jedeikin calling me; calling to my recollection. I think Dr. Jedeikin called me.

Q. You think it was Dr. Jedeikin?

A. Yes.

Q. I just want to go through the

"Q. Yes.

A. And as I was going out to call
Dr. Kantak I remember sort of knocking
very hard on the door, the medication
door, and telling Mrs. Scott to hurry.
When she came back into the room I
grabbed the crash cart as I went into the
room because anything I needed would
have been on the crash cart.

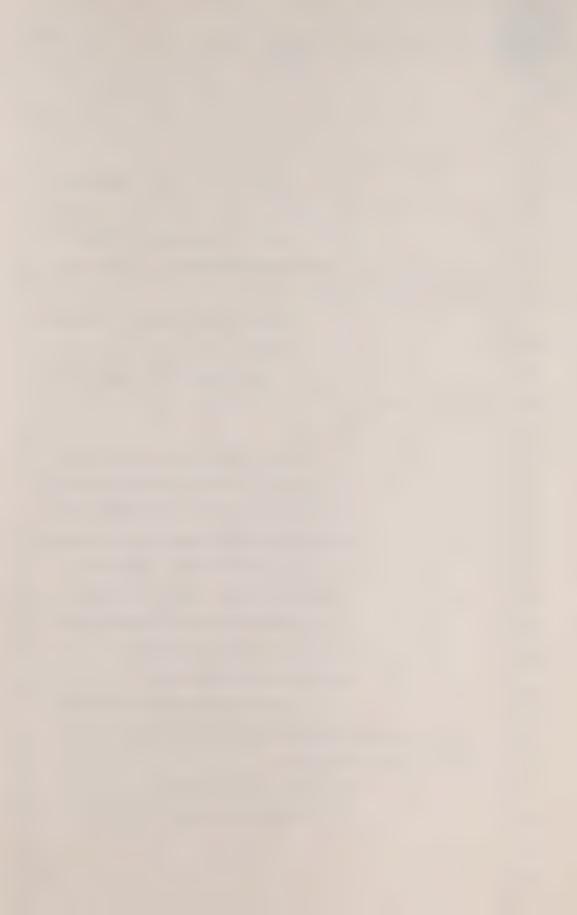
Q.Where was the crash cart?

And then it is shown where the crash cart is on the diagram, and the answer:

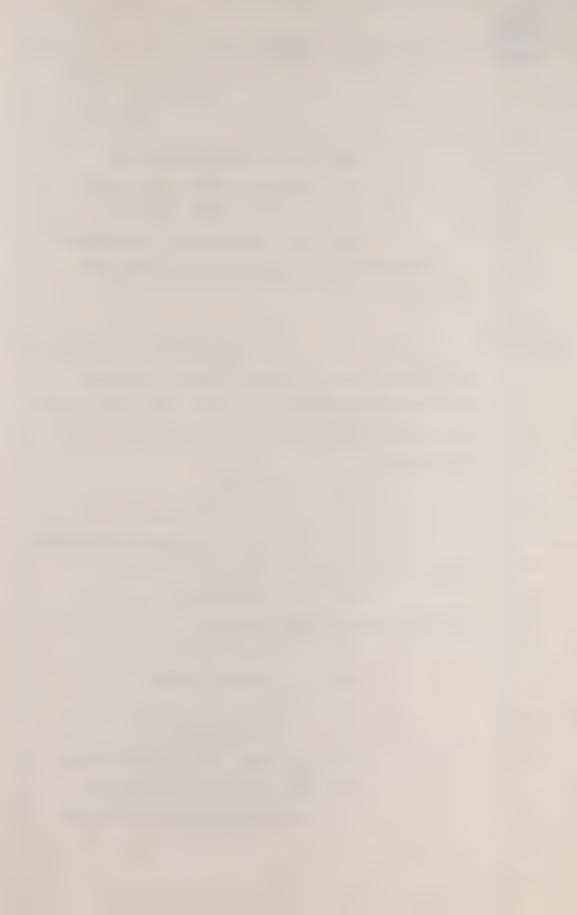
A. It is just outside of 4A and 418."

"A. So, as I went back in -

Q. You are indicating it was on the



1 2 south side of the Corridor A. 3 A. I pulled it into 418 straight across as I was going back in." 4 Now does that help your recollection 5 as to the crash cart being brought in during the 6 procedure? 7 Α. No. 8 Q. And then there is a discussion 9 about whether or not digoxin is on the crash cart 10 and it is determined that it's not. Does that accord with your recollection that digoxin was not on the 11 crash cart? 12 A. No. No. 13 Q. No to which way, sir. 14 No, I do not recollect anybody A. 15 pulling the cart nor where they got digoxin. 16 0. My question to you, sir, was digoxin kept on the crash cart? 17 I don't know. Α. 18 You don't know? 0. 19 A. No. 20 On page 30: 21 All right. So you brought that 22 into the room and what happened? 23 A. Mrs. Soott came back in with the 24



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propranolol drawn up in a 3 cc syringe and Dr. Jedeikin said he wanted it in a T.B. syringe because he would have better control.

- Q. Helwanted it in a T.B. syringe. a 1 cc syringe.
- A. Because he had better control of the amount he was giving the baby." Does this help you at all recall -
- I'm sorry, it doesn't, no.
- Can you explain if it is indeed accurate if Mandal's recollection of the event is accurate why would Jedeikin want it in a 1 cc syringe and a 3 cc syringe?

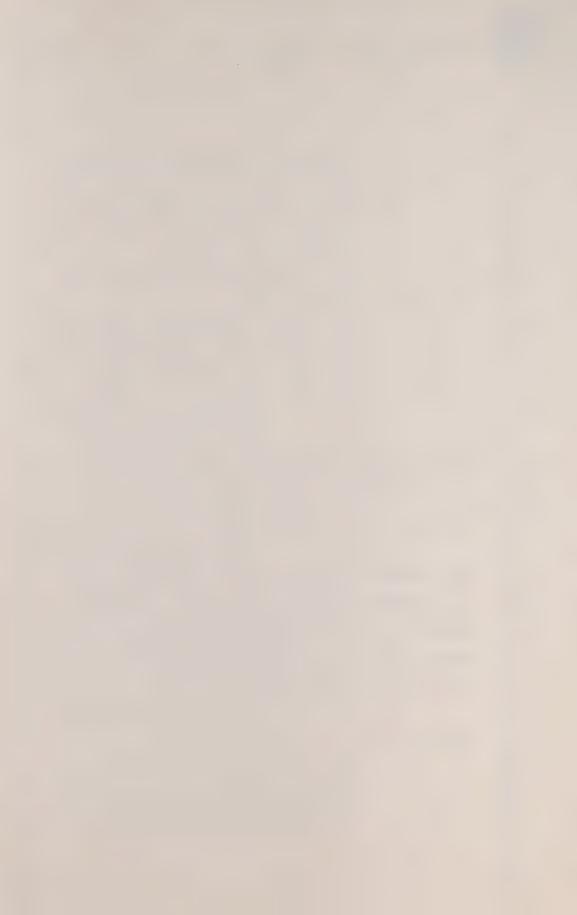
0.

I don't know I don't remember that conversation taking place. Probably he wanted 1 cc syringe because he could inject less amount. Otherwise in 3 cc amount you cannot inject exact amount. But I was not there at that time so I don't know. I don't remember being there.

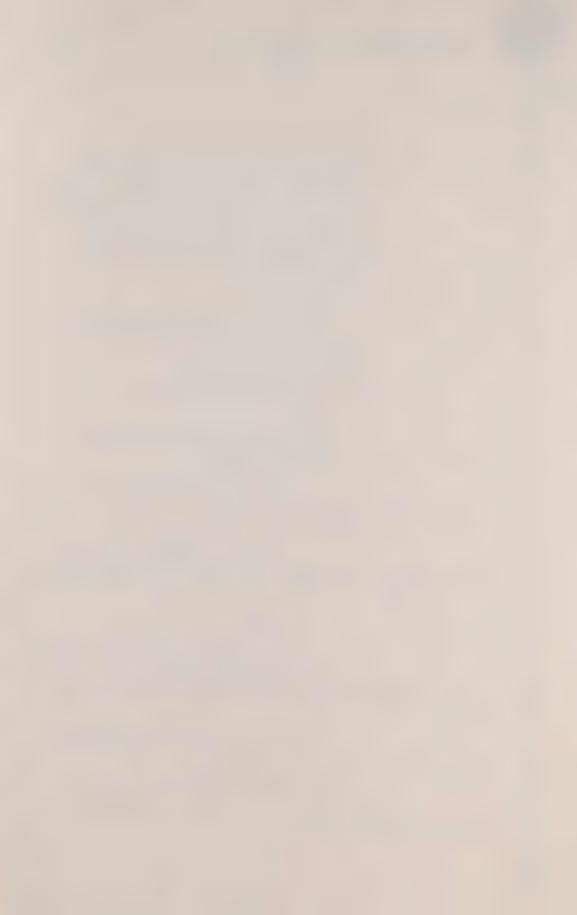
Well, let's read the next 0. thing up.

"O. Yes.

A. So I drew up the propranolol from the crash cart and gave it to Dr.



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2	Kantak, and he - it has always been	
3	my, since I have been a nurse, if the	
4	doctor is giving the drug intravenously	
5	he is giving it so I give him the	
6	ampoule to check.	
7	Q. Yes.	
	A. So he checked the ampoule that it	
8	was propranolol.	
9	Q. It was propranolol?	
10	A. Yes.	
11	Q. Where did you obtain it from?	
12	A. The crash cart. "	
13	A. No, I don't remember. I'm	
14	sorry, I don't remember.	
15	Q. Well, Dr. Kantak, when you	
	were called at 0345 hours in the morning because Cook	
16	was ill again -	
7	A. Yes.	
8	Q I gather wasn't it a surprise	
19	to you that this child had a second tet spell or blue	
20	spell?	
21	A. Yes, it was not a surprise	
22	but I wanted to act on it right away.	
23	Q. No, but you were ordering	
24	constant nursing care?	
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A.	Sure.
0	And a

Q. And a syringe of Inderal at the end of the bedside because he might have another blue spell?

A. Sure, yes.

Q. So the fact that he had another blue spell in the middle of the night, whereas not hoped for, it was not unexpected? Is that fair?

A. Yes, that's correct.

 $$\rm Q.$$ When you came to look at Cook at 0345 -

A. Yes.

Q. - did he look the same as looked at 6:00 p.m.?

A . No. He looked worse.

Q. He looked worse?

A. Yes, he looked blue. He looked more blue and on examination I didn't hear any murmur.

Q. Aside from the degree of severity, that is bluer than at 6:00?

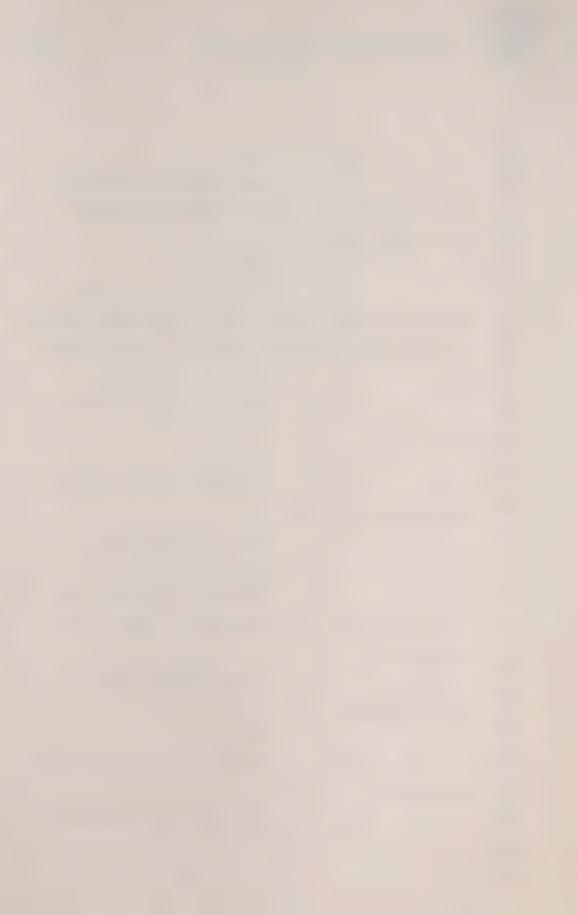
A. Sure.

Q. Was it the same presenting

condition?

A. Yes. He turned subsequently

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worse.

6:00 p.m -

Q. So he looked the same at

A. Initially.

0. - only worse?

Α. Yes.

Q. And I gather then that you took, you personally took one syringe from the end of the bed?

> A. That's correct.

0. And I gather that you administered some drug from that syringe?

That's correct.

0. Now you had said originally you thought it was a 5 ml syringe?

> Α. Yes.

Q. Is that the same as a 5 cc

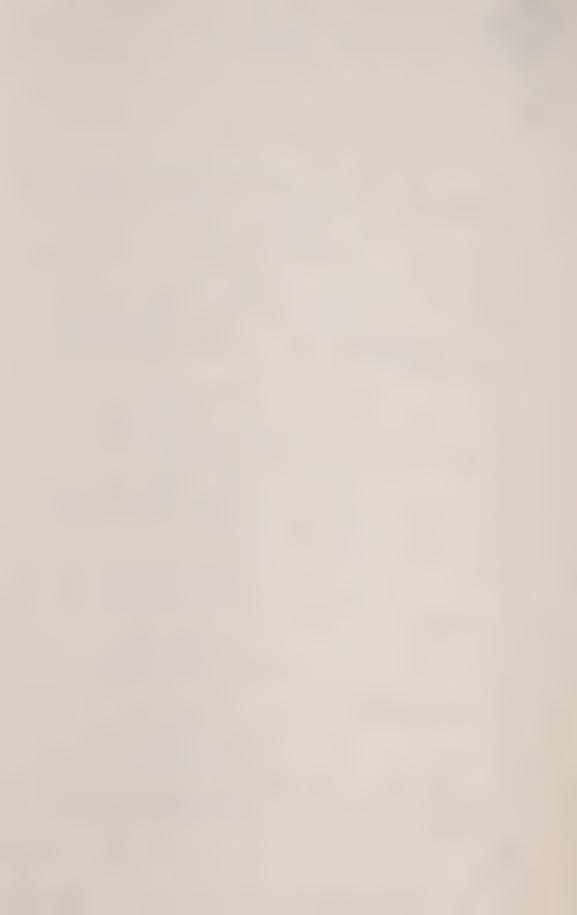
syringe?

A. Yes, that's right.

Q. Well, obviously a 5 cc is even bigger than a 3 cc?

> That's correct. A.

If Dr. Jedeikin did not wish Q. to administer the drug at 6:00 p.m. in a 3 cc syringe can you answer how you could have measured with any



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			A.		Wel	.1,]	I th	nin	k t	0	the	best
f	my	reco	ollection	I	thought	it	was	5	cc		I	not

- Q. It might have even been 3 cc?
- Α. It might be 1 cc.
- 0. You have no idea?
- I don't know. I thought A.

5 cc syringe was a 1 ml there, and this is what I remember. But I can't guarantee.

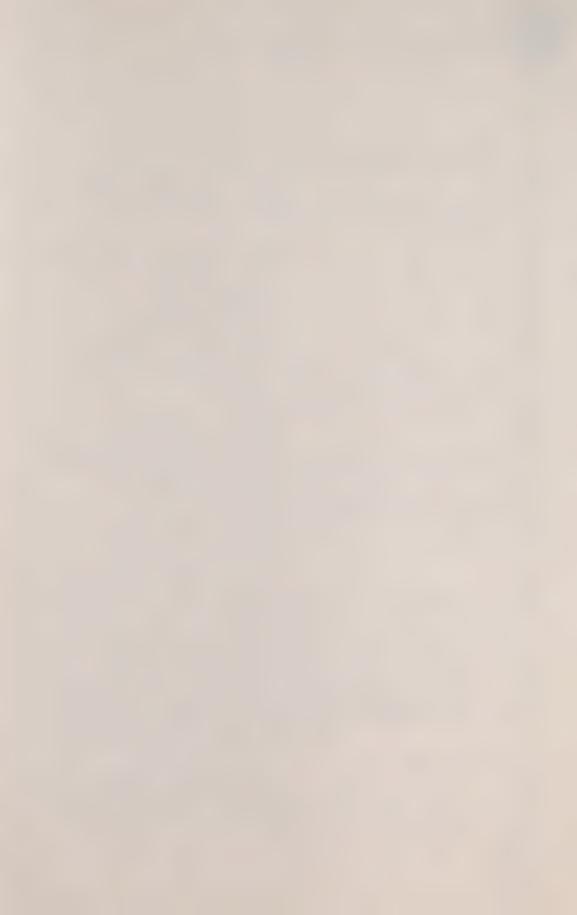
0. When you administered the first amount of the drug which you thought was Inderal or propranolol at 0345 I gather that there was essentially no response; is that correct?

> A. Yes, that is correct.

0. Would you turn to page 29 of the chart, and in that nursing note for March 22nd 1981, there is the charting that on his arrival (he being Dr. Kantak) propranolol was administered. baby remained moderately cyanosed. Extremities were cool and baby's respirations were laboured plus plus.

Is that an accurate charting of what occurred?

The baby was cyanosed. Didn't A. respond very well to propranolol I gave. Extremities





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respirations?

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were cold, I could say that. Respirations were laboured . I don't know what she really means by laboured because respirations are so many per minute, and the type of breathing, I don't know what she means by laboured breathing.

Q. What did you observe about

A. Well, respirations were all right.





	WEMBER		(Symes	5)
DM/ac				
BB-1				
	1			
	2		Q.	She has then charted:
	3		" Another	dose of Propranolol was
	4		administ	ered at approximately
	5	•	0355. "	
	6		Α.	Yes.
			Q.	" Dr. Jedeikin called
	7		before t	this last administration of
	8		of Propr	anolol. "
	9		Α.	Yes.
	10		Q.	It then states:
	11		" That it	was after the second
	12		administ	ration that the baby's
	13		apex beg	an to dip. "
			Α.	That is correct.
	14		Q.	And "was approximately
	15		72".	
	16		Α.	Okay.
	17		Q.	So after you administered
	18	the second do	se of Propr	anolol in fact things got
	19	worse, didn't	they?	
	20		Α.	No.
			Q.	The baby's heart rate starts
	21	dropping.		
	22		Α.	I don't think so.
	23			



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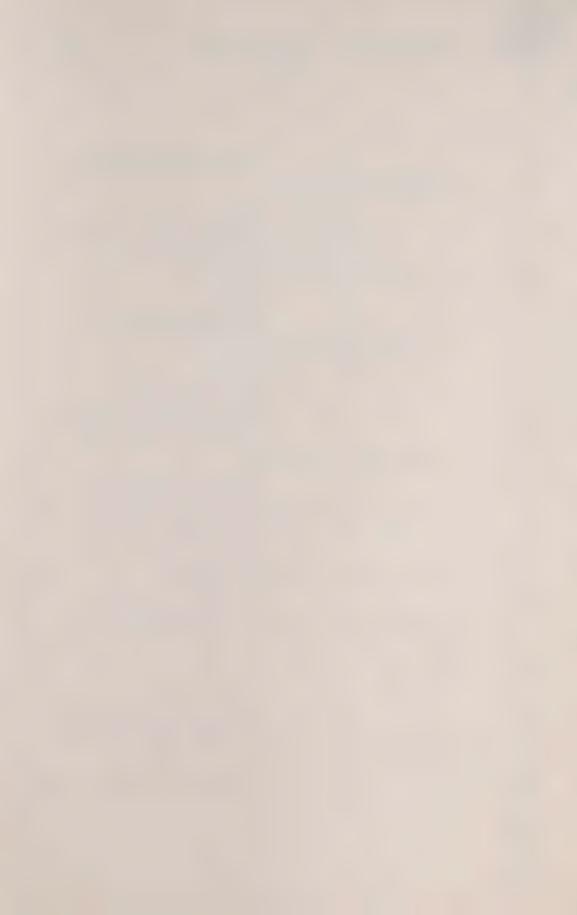
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2	Q. Are you saying the
3	charting is inaccurate?
4	A. Well I'm not saying the
5	chart is inaccurate. What I am trying to say
6	is what I freely found there. I gave the second
7	dose of Propranolol, I expected the bradycardia
	and the side effects of Propranolol, otherwise
8	he improved, he improved a little bit clinically,
9	his cyanosis was less marked and his murmur could
10	be heard, I checked that, and I expected his hear
11	rate to go down because of one of the effects of
12	of Propranolol.
13	Q. There is nothing in the
14	chart to indicate that there was any improvement
	after the Propranolol was given?
15	A. I don't know. What I
16	am saying is what I found.
17	Q. Then we have the next
18	part is that Atropine was given at this point with
19	good effect, is that fair?
20	A. Yes.
21	Q. His heart rate increased
22	did it?
	A. That is correct.
23	



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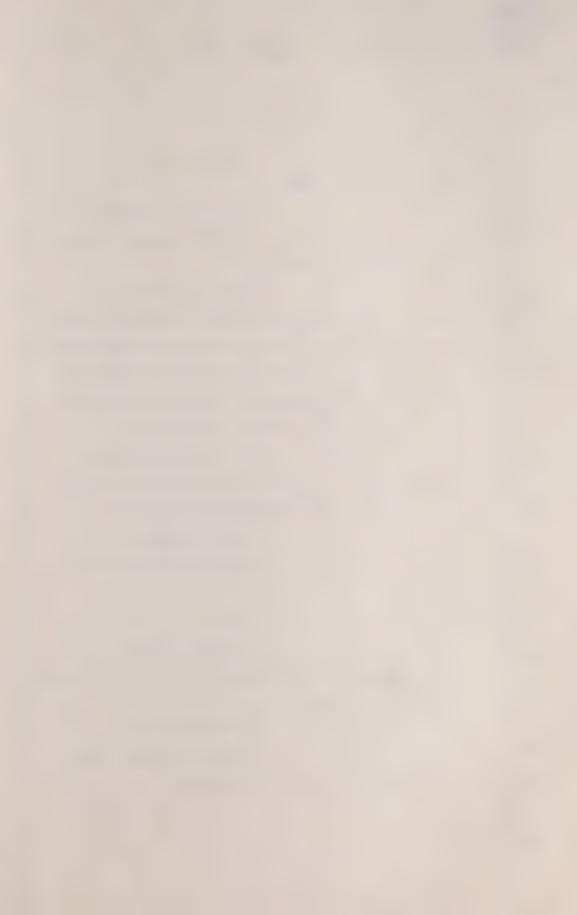
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2	Q. Then it says and then
3	Morphine was given.
4	A. Yes.
5	Q. Now Dr. Kantak Morphine
6	is a controlled drug, isn't it?
7	A. Yes.
	Q. Controlled drugs are
8	kept under lock and key?
9	. A. Yes.
10	Q. In the narcotic cupboard?
11	A. Probably, I don't know,
12	yes, that must be the case.
13	Q. So it is unlikely that
14	a narcotic would be kept on a crash cart, isn't it?
	A. I don't know. To tell
15	you the truth, I don't know, probably.
16	Q. If narcotics have to
17	be locked up they can't be left on top of crash
18	carts?
19	A. Sure.
20	Q. So that would mean wouldn'
21	it that a nurse or someone would have had to have
22	left that room to go and get the Morphine.
	A. Probably, if it was locked
23	
24	



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2	Q. And you have no
3	recollection of that?
4	A. No, I don't remember.
5	Q. And the Atropine, where
6	was it obtained from?
7	A. What I suggested, I
8	thought both were taken from the crash cart. Now
	you have pointed out here that Morphine was kept
9	under the lock, I don't remember the Morphine I
10	thought both were taken off from the crash cart
11	and drawn and given to me, I am not sure.
12	Q. Now you were there at
13	6:00 o'clock p.m. when the baby had a blue spell
14	and the Propranolol turned the baby around.
	A. That's correct.
15	Q. And it happened fairly
16	quickly?
17	A. Yes.
18	Q. So when you went at
19	3:45 o'clock the child appeared to you to be having
20	another blue spell?
21	A. That is correct.
	Q. Just that he was bluer
22	or worse than at 6:00 o'clock p.m.?
23	



KANTAK, cr.ex.

BB-5

A. Yes.

Q. Were you surprised that the administration of what you thought was Propranolol seemed to have little effect on the child?

A. No, I was not surprised,
because some of these children respond very well,
some children do not respond well. Even those
who respond well on the first occasion that doesn't
mean he will respond on the second occasion. So
it didn't surprise me.

Q. It didn't surprise you?

A. No, that is the reason

why I injected another dose.

Q. Now what role did you play in the resuscitation efforts?

A. Well once Dr. Jedeikin

came in Dr. Jedeikin was in charge. I was there

to stand by to help him. The things went on so

fast that within about a couple of minutes, maybe

seconds, a minute, a code was called; so the

Anaesthesist was there and after the 25 the 25 Team

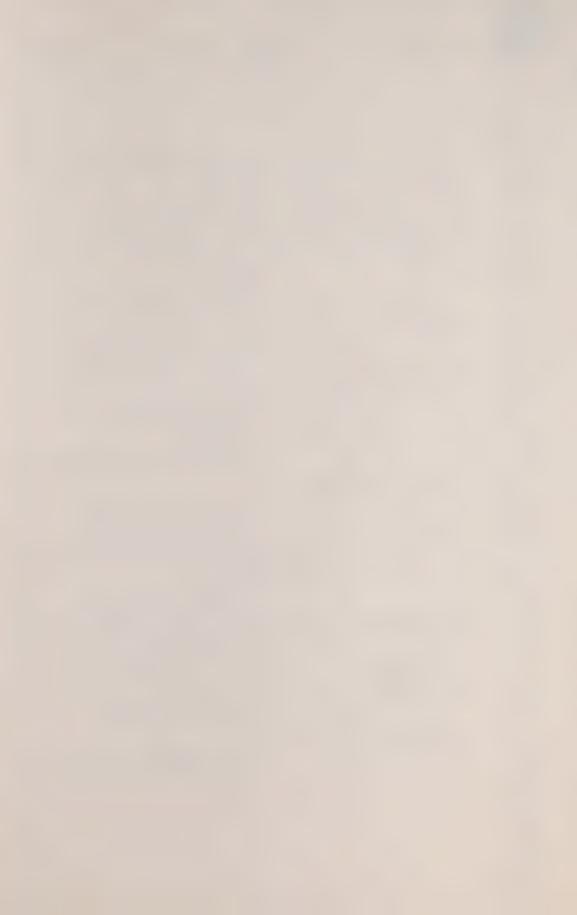
was there so they took over, they intubated the

baby and the rest like that. Dr. Jedeikin participated



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2	directly in the care of the patient and I was
3	there just as a standby, watching.
4	Q. After the child was
5	pronouced dead, did you observe the nurses?
6	A. Yes.
7	Q. Were they upset by the
	death?
8	A. Yes, they were upset
9	with the death.
10	Q. Were they crying?
11	A. I think so.
12	Q. It was a fairly stressful
13	arrest, wasn't it?
	A. Sure, all the arrests
14	were stressful. All the arrests are stressful and
15	all the arrests were stressful.
16	Q. And after the baby had
17	been pronounced dead, what did you do, personally?
18	A. In what context are
19	you asking?
20	Q. After you left the
	room what did you do?
21	A. I was there in the ward.
22	Q. Yes.
23	
24	



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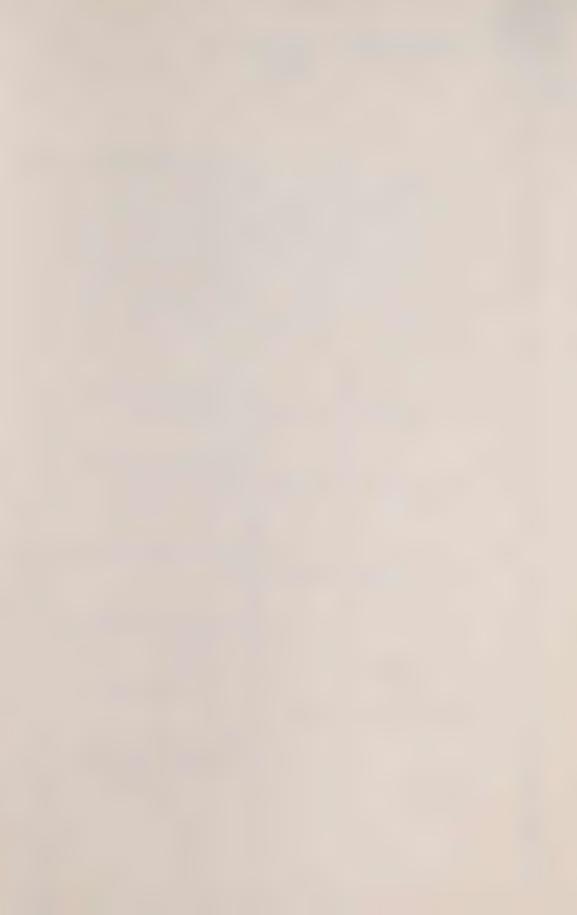
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2	A. In the nursing station.
3	Dr. Jedeikin, I do not remember if he called
4	directly from the ward that he wanted me, I think
5	he went away and called Dr. Fowler, they talked and
6	he took charge of the whole thing, about taking
	samples and all that. I didn't know that, and
7	he talked, he contacted the parents wanted to
. 8	talk to them.
9	Q. Did you have any role in
10	the cleaning up of the child or the room?
11	A. Oh, no.
12	Q. Did you have any role
13	in discussing this matter with the parents?
	A. No.
14	Q. Did you discuss this
15	matter at all with the nurses?
16	A. No.
17	Q. Why the baby had died?
18	A. No, I didn't.
19	Q. Did you discuss the
	matter with Dr. Jedeikin?
20	A. Not at that time, no.
21	

Q.

with him?

When did you discuss it



A. We discussed it I think together the next day if I remember with the resident and the fellow very briefly.

Q. What was the content of that discussion?

A. Oh the discussion was, you know, as we discussed all other patients, we

discussed this child too, you know, the course of the arrest and how he died.

Q. What was the conclusion?

was that he had a ventricular bradycardia, the rest is he was a very sick baby and that is the type of children are known to take this type of course, but only surprising was the ventricular fibrillations were present and that child could not be resuscitated from there.

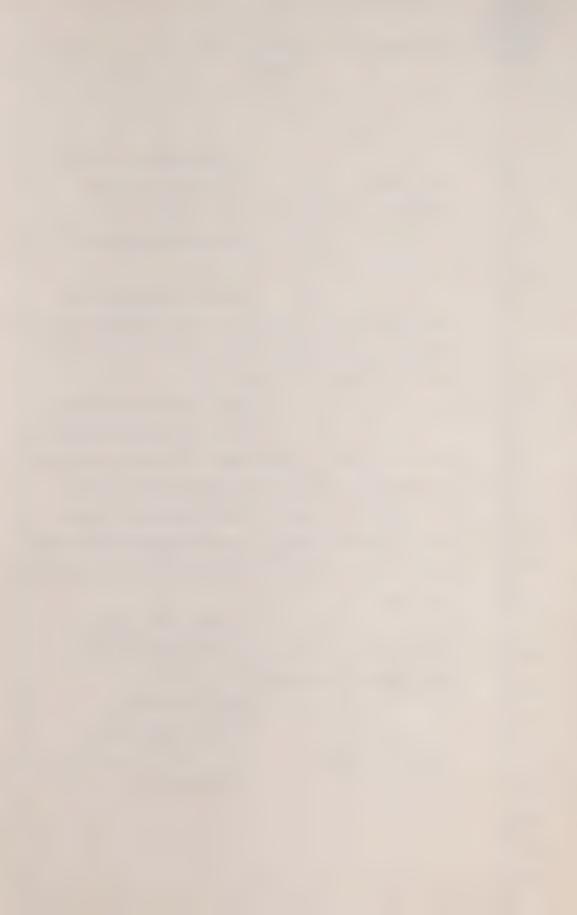
Q. I gather was it the opinion of Dr. Jedeikin and the others that this death was not unexpected?

A. That is correct.

Q. That it looked like a

second blue spell.

A. Pardon me?



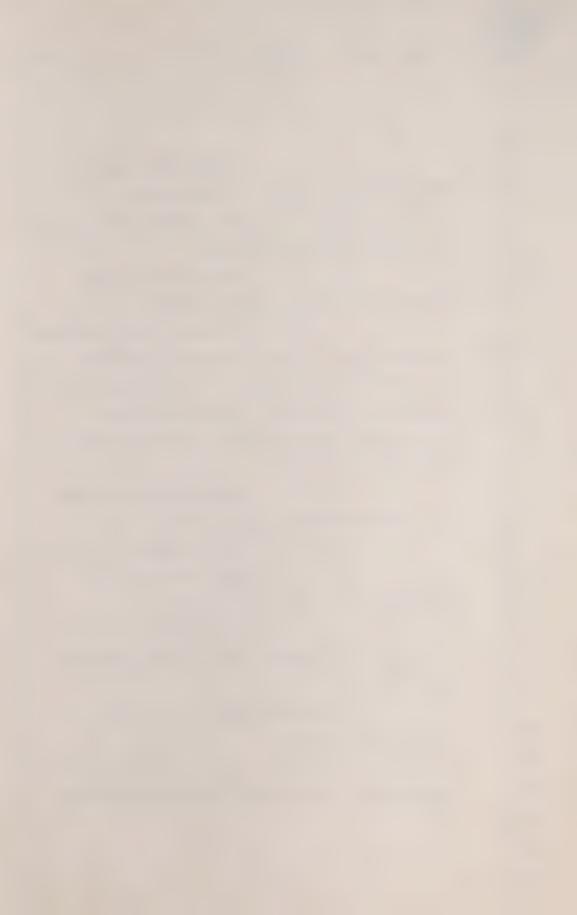
a blue spell

very abnormal

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TORONTO, ONTARIO

1	
2	Q. A second blue spell
3	from which he could not be resuscitated.
4	A. Yes. He got a blue spel
5	and then got into problems, yes.
6	Q. Were there any other
7	suggestions as to the cause of death?
	A. Justin had a very abnorm
8	structural heart lesion and again, if you look
9	at the anatomy of the heart in Justin's case the
10	prognosis were not good, not that good, so I
11	suppose that structural lesion to me could have
12	caused the death, sure.
13	Q. Now was that put forward
14	as the most probable cause of death?
	A. Yes, I think so.
15	Q. And did you have any
16	lingering doubts about this child?
17	A. No, I did not.
18	MS. SYMES: Those are my questions,
19	sir.
20	THE COMMISSIONER: All right.
21	Thank you. Mr. Labow?
	MR. LABOW: If Mr. Brown has any
22	questions Mr. Commissioner I would appreciate him
23	
24	



proceeding.

THE COMMISSIONER: Would you

appreciate it if Mr. Labow went first?

MR. BROWN: At this point, sir, I really don't care, we have no questions.

THE COMMISSIONER: That solves that.

MR. LABOW: I knew that Mr. Commissioner
I just wanted to surprise you.

THE COMMISSIONER: You just wanted to commit him to that position.

CROSS-EXAMINATION BY MR. LABOW:

Q. Good afternoon Doctor,
my name is Stephen Labow and we represent the
parents of Kristin Inwood, amongst others. Now
you have already told Ms. Cronk that you did the
initial admission of this child: the child looked
fine and stable and you ordered a number of things.

A. That is correct.

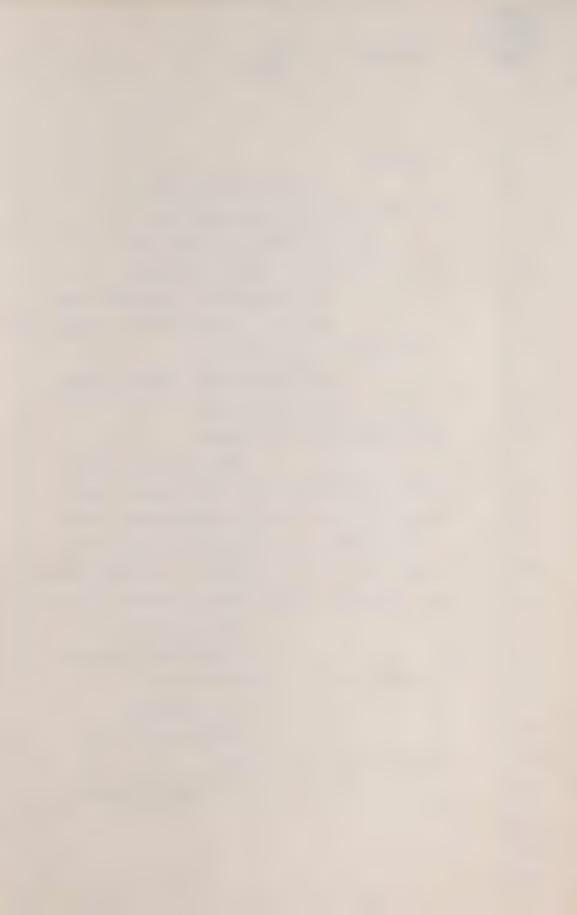
Q. At page 75 of the chart in your top order you ordered an EKG.

A. That is correct.

Q. Do you recall if you

checked her EKG at the time?

A. No, I have not checked it



25

myself, but I have talked to - to my recollection I have talked to the fellow who said the EKG looked normal, whatever the EKG findings were.

Q. Your recollection is

at the time?

A. Yes, at this time.

Q. You spoke to someone who checked the EKG that you ordered?

A. That is correct.

Q. Now we have heard that the EKG showed signs of digoxin toxicity and that was the reason that your order for digoxin was not carried out.

A. I'm not aware of that.

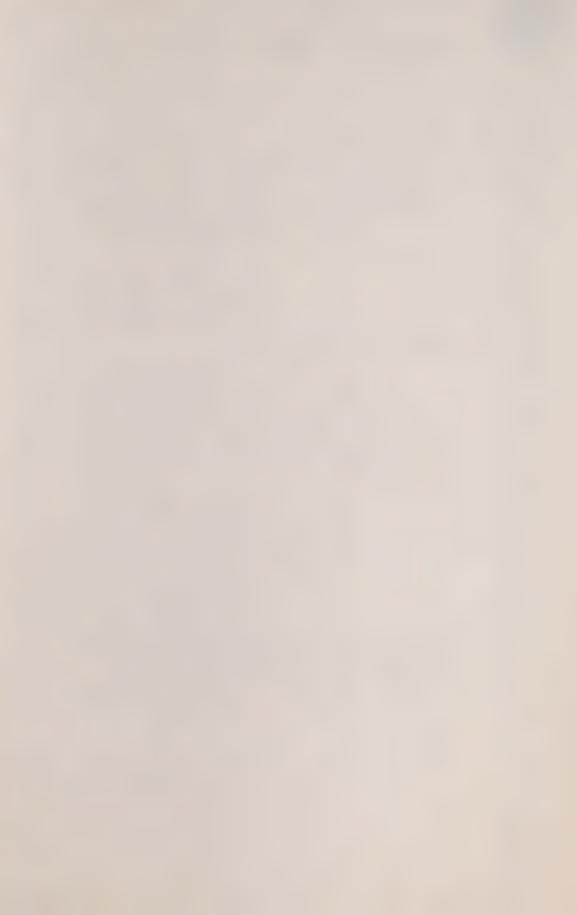
Q. Do you know if there was, aside from the fellow that you recall speaking to --

A. That is correct.

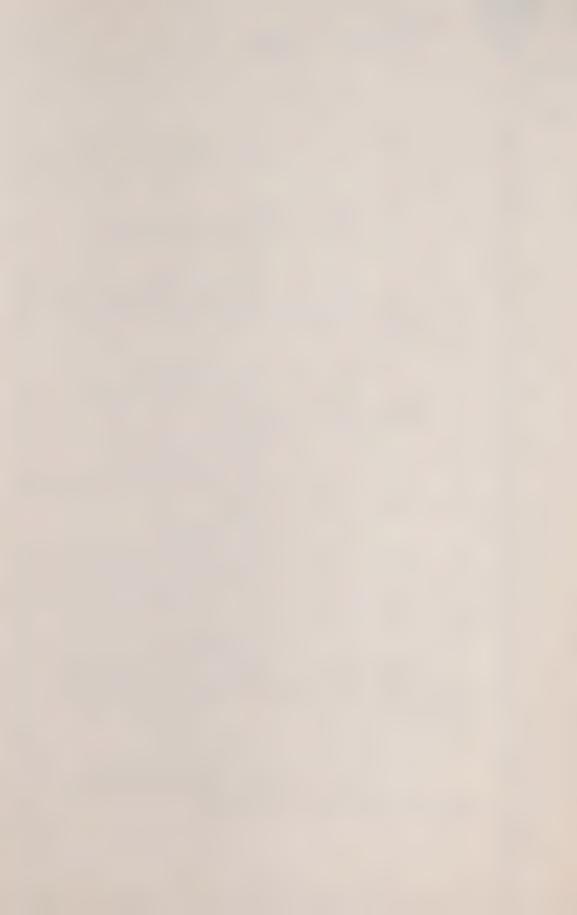
Q. Do you know if there was anyone else on the ward that evening, any other doctor who might have cancelled your orders?

A. I don't know, I do not

know.



RD/hr	1							
	2		Q.	So you weren't aware of the				
	3 dec	ision?						
	4		A.	No.				
	5	·	Q	To not give digoxin?				
	6		A.	No.				
	7		Q.	Now, your further order at				
		00 o'clock	that night	was to do digoxin levels				
	onc	e a week?						
	9		Α.	That's correct.				
1	0		Q.	Was that just a standard				
1	1 orde	order for patients on digoxin?						
1	2		Α.	Yes, that's correct.				
1	3		Q.	And there was nothing particular				
1		t lead you	to make tha	at order?				
1			A.	That's correct.				
				Now, you told Miss Cronk				
1	Lila	that you saw her before she went to sleep and Kristin						
1	7 wasr	n't in any	difficulty?					
1	3		A.	That's correct.				
1				And that you saw her in the				
20)		at there we	re no problems or complaints				
2		the nurses?						
2.	2			That's correct.				
2.				Do you recall when it was				
	witer	you saw Ki	ristin in t	he morning?				
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Kristin is on the same room A .as Kevin Pacsai. Am I correct?

> 0. Yes.

A. Okay. Nurses had mentioned to me that Kristin had no problems that morning, so the first time I saw her was after they came and told me that digoxin was given twice the dose to him. I went over and saw the child and then on the rounds at 8:00 o'clock in the morning or 9:00 o'clock in the morning -- 8:00, 8:30 something like that.

You have already told us 0. that you had ordered Kevin Pacsai's digoxin held at about 4:00 o'clock in the morning of the 12th?

> Α. That's correct.

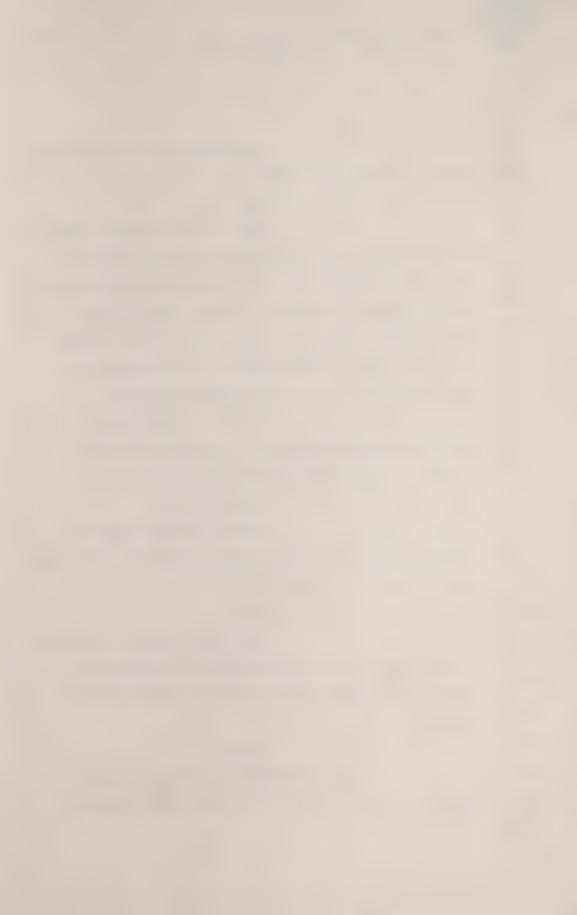
And the incident reported Q. indicates that Kristin Inwood would receive a mistaken dose of digoxin at about 5:30?

> A. Okav.

0. So unless there was a mistake regarding your order for Pacsai and a mistake for Inwood she probably didn't receive Kevin Pacsai's digoxin?

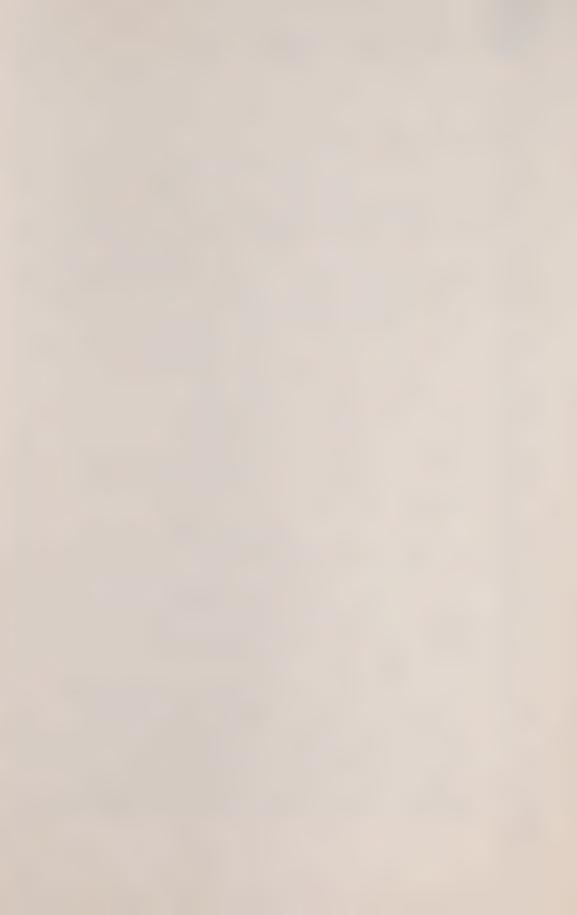
> A. Probably.

THE COMMISSIONER: Before everybody else agrees with this, couldn't they have prepared





1								
2	Kevin Pacsai's order?							
3	MR. LABOW: It is possible, but my							
4	understandingwas digoxin was drawn up only an hour							
5	or so before it was suppose to be given, generally.							
	Q. Do you recall when you were							
6	told that there had been a mistake about the Kristin							
7	Inwood's digoxin administration?							
8	A. I put the order in.							
9	Q. So you were told							
10	A. Right away.							
11	Q at 0600?							
12	. A. That's right.							
	Q. And you immediately made							
13	the order?							
14	A. That's right. I remember							
15	having written it down immediately.							
16	Q. Did you order anything else							
17	to be done with regards to this child that she be							
18	watched carefully in any particular way?							
19	A. No.							
20	Q. On page 61 of the Hospital							
	record there is a note by nursing assistant, Lyons							
21	which to my understanding, Mr. Commissioner, was writte							
22	at the end of her shift. She had the long night							
23	shift on the 11th. It was written on the 12th in the							



morning but it was the end of her long night shift on the 11th.

MS. CRONK: To help you with that, sir, if I may, Mr. Labow spoke to me about this earlier. As you know, it is not our intention to call Mrs. Lyons as a witness before you. She has confirmed in an interview with Commission staff, as Mr. Labow suggests although the note is dated March 12th it reflects her observations during the long night shift on March 11th, so there shouldn't be a misunderstanding by virtue of the date, itself.

Q. Her note indicates the child was in no apparent stress, so it supports what you have just told us that there didn't seem to be any problem with the child?

A. That's correct.

Q. Now, you were on during the day on March 12th?

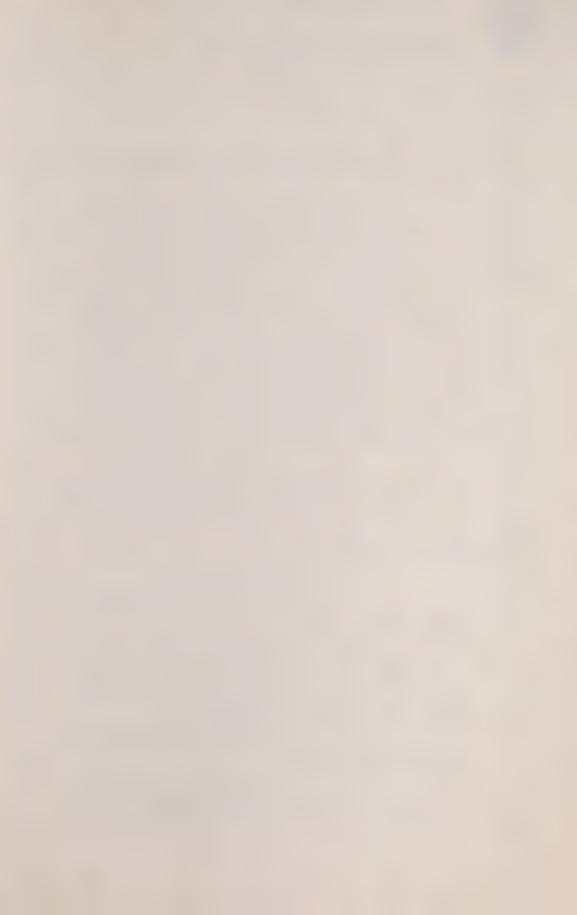
A. Yes, until 5:00 o'clock.

Q. Were you on particularly

on Ward 4A or Ward 4B or both Wards?

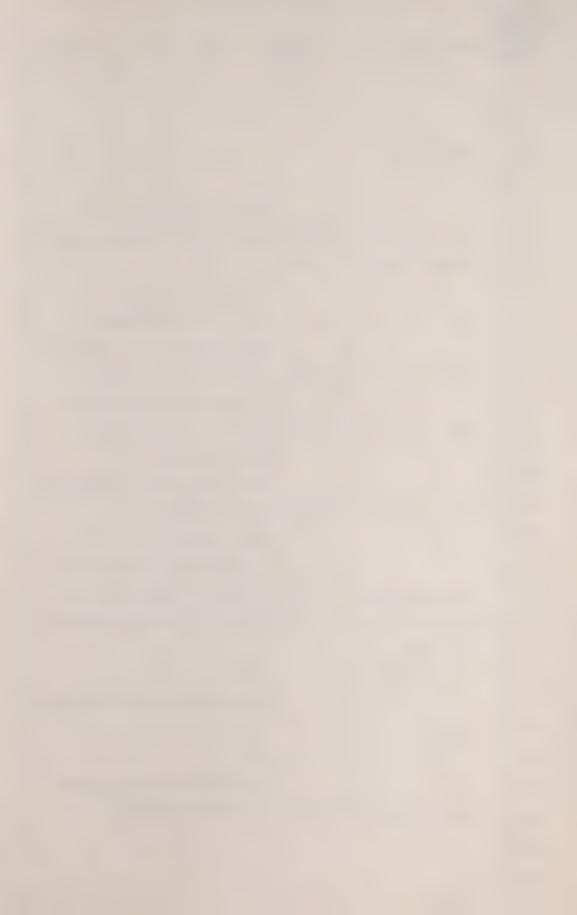
A. I think I had scheduled the patients on both sides.

Q. Do you recall any concern being expressed that day regarding Kristin Inwood's

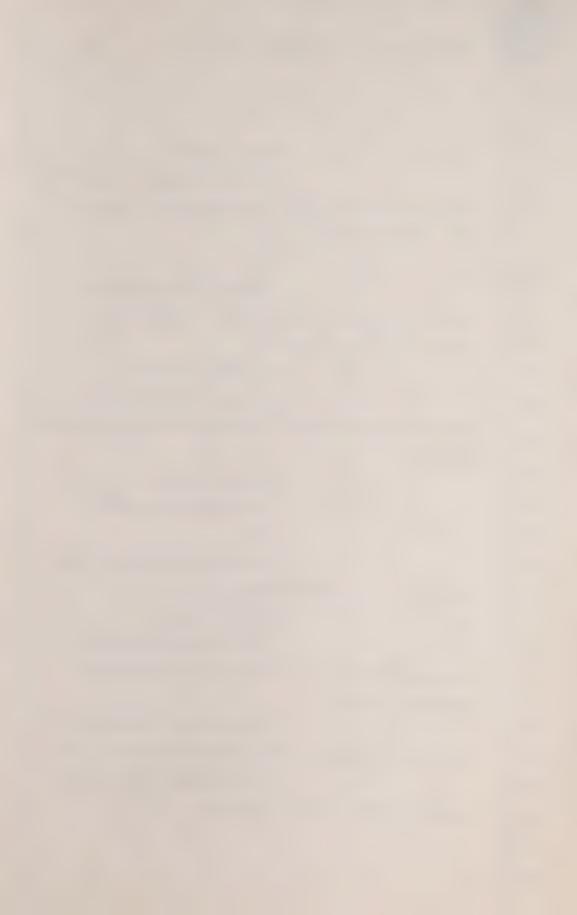




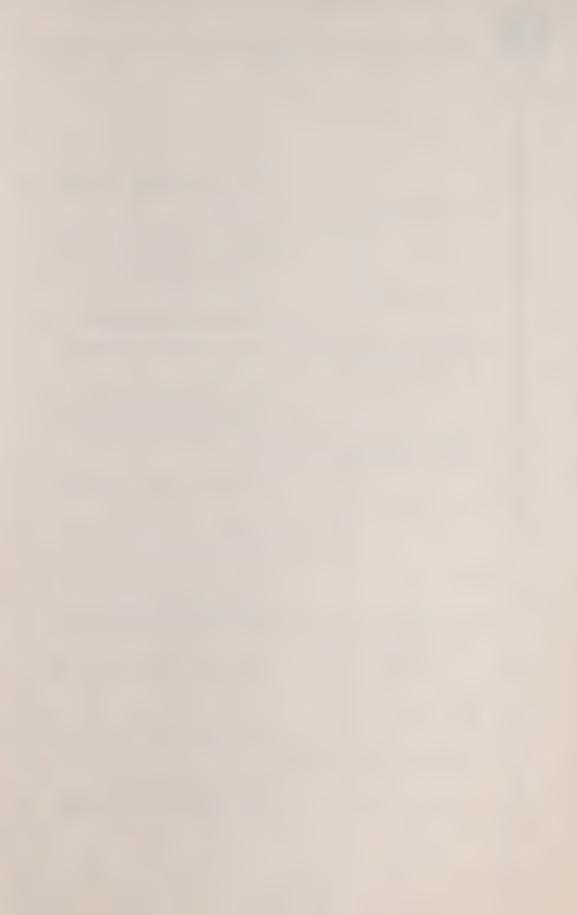
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2	condition?
3	A. No.
4	Q. Do you recall the nurses
5	being overly concerned, because she had received this
6	mistaken dose of digoxin?
	A. They were concerned.
7	Q. Early in the morning?
8	A. They were concerned that she
9	received two doses, but not about her condition.
10	Q. No her condition was fine.
11	They were just worried because of the two doses?
12	A. That's correct.
13	Q. There was nothing clinically
13	wrong,no clinical change in her condition?
14	A. That's correct.
15	Q. Do you recall while you were
16	on the ward any over concern by the team leader on
17	her side it was Mrs. Bracewell is my understanding
18	that day?
19	A. No.
20	Q. You left at about 5:00 o'clock
	p.m.?
21	A. Yes.
22	Q. And turned all your patients
23	over to Dr. Soulioti who was on that night?



1	
2	A. That's correct.
3	Q. You have already told us that
4	Kristin Inwood was normal, very stable and you didn't
5	expect any problems?
6	A. Yes.
U	Q. I take it then you didn't
7	give her any special instructions or anything to
8	look out for before you left?
9	A. No, that is correct.
10	Q. You came back to work on
11	the 13th and Dr. Soulioti told you that Kristin Inwood
12	had died?
	A. That's correct.
13	Q. And you were surprised?
14	A. Yes.
15	Q. You told Ms. Cronk that you
16	discussed it with the doctor?
17	A. That's correct.
18	Q. Did Dr. Soulioti mention any
19	particular concern expressed by the nursing staff
	during the night?
20	A. No, she didn't mention it to
21	me. I don't remember having her mention that to me.
22	Q. () You discussed this amongst
23	yourselves, that is the residents?



	—
1	
2	A. Yes.
3	Q. Did you discuss it with the
4	cardiac fellow?
5	A. I think we did very briefly.
	Q. Do you recall discussing it
6	with Dr. Heilbut?
7	A. She was in charge of the
8	ward at that time, yes. I think that is the person
9	we discussed it with.
10	Q. Do you recall her indicating
11	that one of the causes of this death might be that
12	things slowed down at night?
13	A. What do you mean, I'm sorry?
	What slowed down?
14	THE COMMISSIONER: I guess it is the
15	heart.
16	Q. I'm not quite sure but I
17	am asking pursuant to the metabolism of the patient,
18	the patient's own body.
19	A. I don't understand that. I
20	don't know.
21	Q. Do you recall that ever being
	put out as an explanation?
22	A. No.
23	Q. Now, it was put to you that





you were surprised and that this was an unexpected death?

A. That is correct.



CC.2.1

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Q. As a resident did you ever report a case to the coroner?

A. No

Q. Was it the resident's

job to report a case to the coroner?

A. I don't know but we rotate through that ward every month and a new resident comes every month, so I think it should be in concert with other people who are there prominently, like the immediate access we have is the Fellow and then the staff person.

Q. Now, from what you recall about any discussion you might have had with the Cardiac Fellow --

A. Yes.

Q. -- Did you explain your

surprise to him?

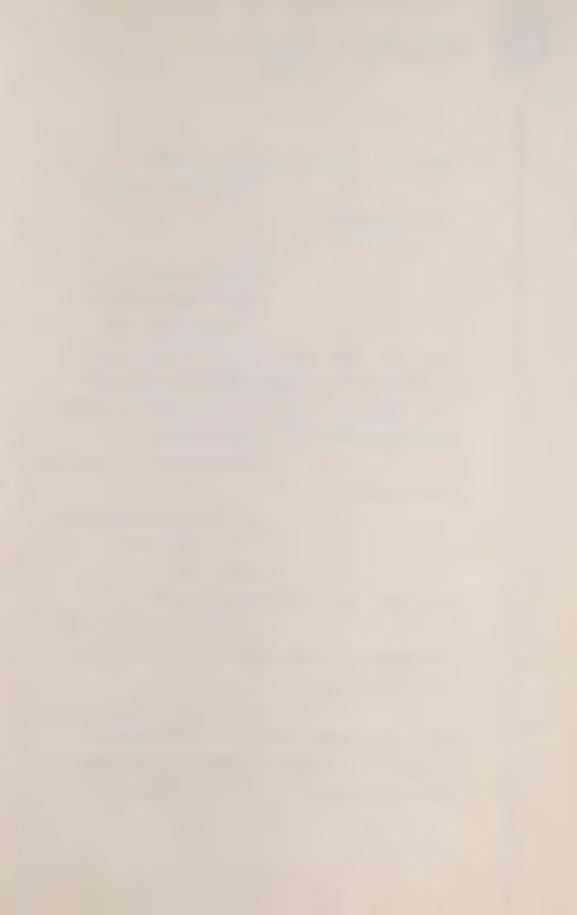
A. Yes, we talked, you know.

The very discussion is not to put forth our surprises, but rather we try to solve what the problem was on the child, what could have caused her death, rather than putting to her is that we are all



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2	surprised. We usually discuss the case.
3	Q. There wasn't anything
4	done from there?
5	A. No.
6	Q. That you know of?
7	A. That I know of, yes.
	Q. I thought you told
8	Miss Cronk today that there was no satisfactory
9	explanation here and that the staff might have
10	been suspicious. Is that what you said? I didn't
11	quite understand what you were saying.
12	A. Can I say it is a hindsight
13	I don't know.
14	Q. You are only speculating?
	A. Speculating, yes.
15	Q. There wasn't any
16	indication that anyone was suspicious?
17	A. If they were I don't know.
18	It could be. I could have been. I don't know.
19	I just speculated.
20	Q. Now, we have heard evidence
21	that a serum sample from this child revealed a
	digoxin level of 491 nanograms per millimeter.
22	Assuming that that is a reliable reading would you
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2	agree	that	that	would	account	for	this	child's
3	surpri	ising,	, unex	xpected	d death?			

A. Oh, yes, sure.

MR. LABOW: I have no further

questions.

THE COMMISSIONER: Yes, all right.

Thank you. Mr. Shinehoft?

CROSS-EXAMINATION BY MR. SHINEHOFT:

Q. Dr. Kantak, my name is Jack Shinehoft and I represent the parents of the Baby Pacsai. I understand you have this chart before you in Exhibit 106. Could you turn to page 64. There is what appears to be a transfer note there. You perchance did not write that note, did you, at the top?

- Yes, I have it. A.
- Q. Is that your note?
- A. Yes, that is correct.
- Q. You are the first person

who has admitted, Doctor.

MS. CRONK: Probably because it is

his.

Q. A lot of people have been asked whose note that is and finally we have the answer.

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CC.2.4

The information that you used in regard to this transfer summary, from whence did it come and how did you get this information?

A. Okay. The first few lines are from the report I got from Jeff and Jeff admitted the child, so he I got the information from the notes accompanying the patient.

Q. Yes.

A. Subsequent information is my information when I took over and the examination and what happened and the investigation, which you see lower down that, at 64 page is investigation which I received from the blood samples sent at 5:00 o'clock.

Q. I see. Now, the note in the second paragraph where it says "On admission looked pink" --

A. Yes.

Q. Do you see that?

A. Yes, I do.

Q. It is curious, Doctor,

and you have confirmed that evidence this morning, you said he looked pink to you.

A. That's correct.



No, no, not at all.

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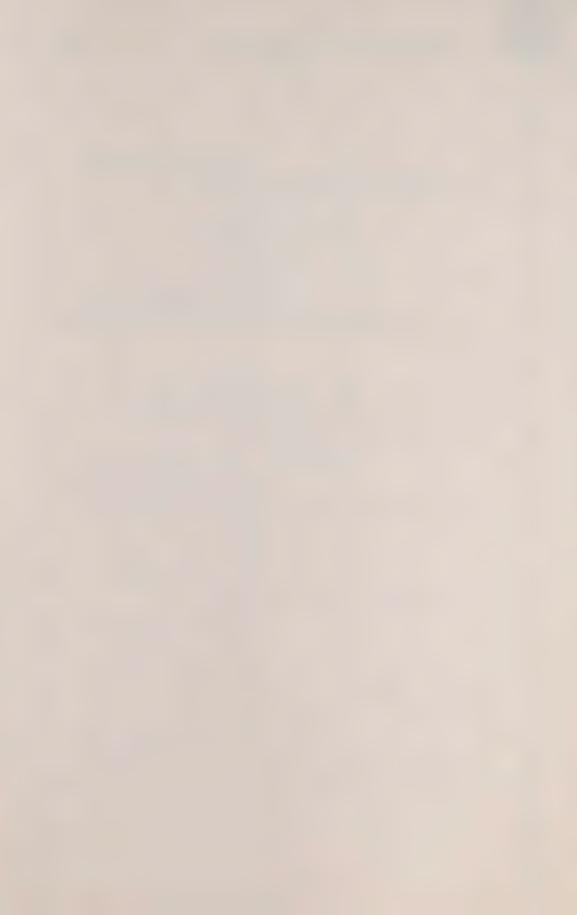
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2	Q. It was the evidence
3	of Dr. Kobayashi who said the baby was pale. This
4	evidence is found, Mr. Commissioner, in volume 142,
5	page 2822. Dr. Kobayashi has said that when
6	he first saw him he was pale. Could you perhaps offer
	an explanation as to why he looked to Dr. Kobayashi to be
7	pale and yet you indicated that the baby looked
8	pink to you?
9	A. Pink and pale are such
10	words which his hemoglobin had been 12.8. With
11	12.8 of hemoglobin, I don't know, he looked pink to
12	me.
13	Q. Okay. You have given
	evidence that he was in Toronto to try to determine
14	what the problem that precipitated his hospitalization
15	in Hamilton was. Is that right?
16	A. That is correct.
17	Q. I think you refer to it
18	as extreme shock.
19	A. That's correct.
20	Q. Yet, when he arrived in
	Toronto, he certainly wasn't in extreme shock, was
21	he?
22	No no not at all

Α.



1 2 0. Would you characterize 3 his condition as relatively normal? Α. Yes. 4 Q. Stable? 5 Α. Yes. 6 0. And, you felt that he 7 was in no immediate distress when you first examined 8 him? 9 A. No. 10 THE COMMISSIONER: You felt he was not in distress, is that it? 11 THE WITNESS: Yes, that's correct. 12 Q. Your information, Doctor, 13 came initially from Dr. Kobayashi; is that correct? 14 A. Yes. 15 0. Did you ever speak 16 to Dr. Schaffer about this child? 17 Α. You mean at this time? 0. At this time, yes. 18 A. No, I do not remember 19 having spoken to Dr. Schaffer. 20 0. Then your evidence says 21 the next time he had anything to do with the child 22 was after the arrest of Michelle Manojlovich and that 23 24



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was about 3:35 o'clock in the morning?

Α. That's correct.

Now, is it your evidence, 0.

Doctor, that you went in and you examined this child by yourself?

> Α. Yes, absolutely.

0. Because that isn't the evidence that either Susan Nelles, nor Phyllis Trayner have given. Can you offer any explanation

as to why they thought -- I have the references -that both you and Dr. Ng examined the child for the

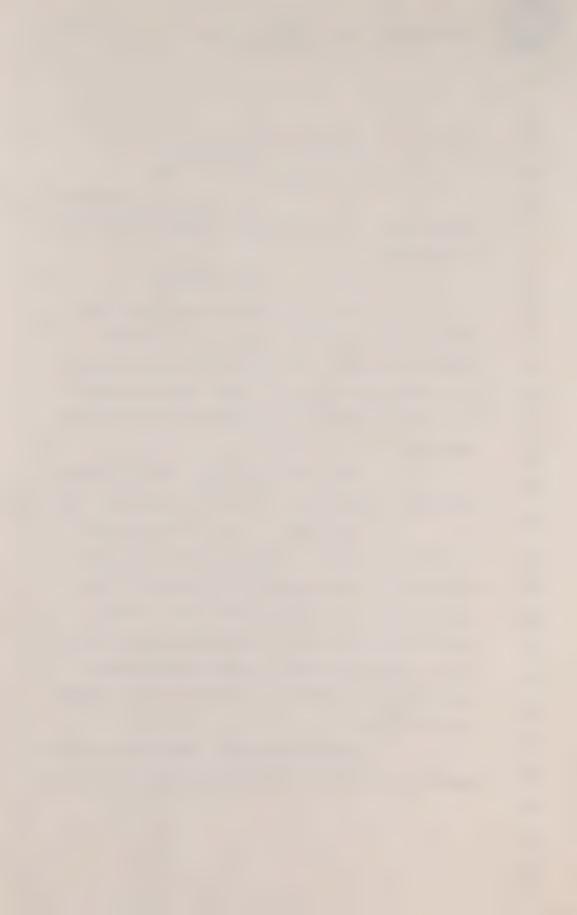
first time?

MR. BROWN: Perhaps we could have the reference. I'm not sure whether that indeed is the testimony

MS. CRONK: I will stand to support my friend, Mr. Brown. You will recall, sir, that I referred to it this morning. It was Miss Nelles' evidence that Dr. Kantak saw the child with Dr. Costigan first, but on a subsequent occasion Dr. Ng and Dr. Kantak observed the baby and there was a third occasion involving Dr. Costigan and Dr. Kantak,

but not Dr. Ng. Obviously all three THE COMMISSIONER:

Doctors were there. I wonder how important it is who





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was first and who was second.

MR. SHINEHOFT: It is not that important. There has been some evidence to the contrary.

Q. You recall specifically going in and examining this child by yourself?

> Α. Yes.

0. And who was in the room at that time, Doctor?

Α. I think Susan was there with the patient.

Q. And how about Phyllis Trayner, was Phyllis Trayner there?

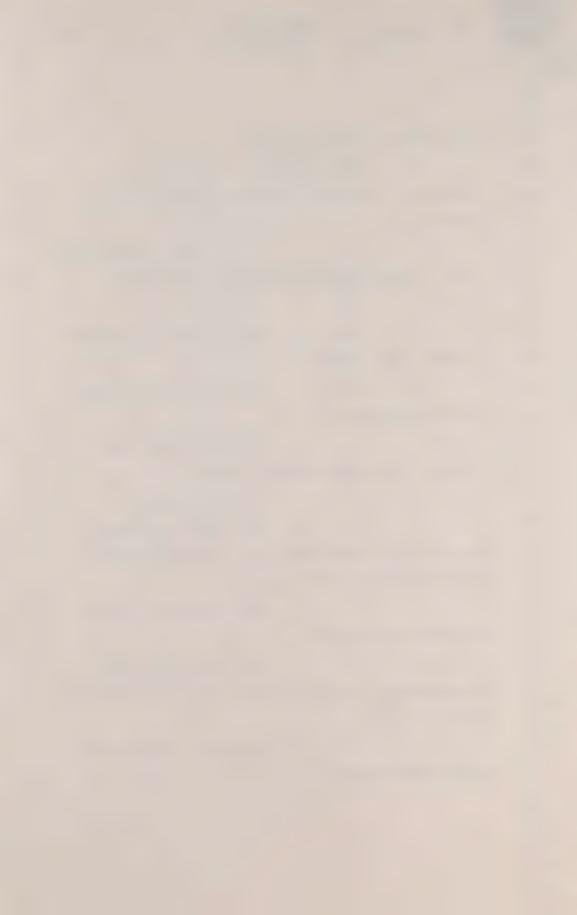
> Α. I don't remember.

Q. Was there any comment made by any of the nurses or, more specifically, Susan Nelles about his monitor?

Yes, about his getting Α. episodes of bradycardia.

0. Was there any comment to the effect that the monitor was going all over the place?

You know, this monitor, Α. if the baby is shaking or something, it goes off.



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CC.2.

It goes all over the place. If the baby is steady and the baby is resting then the monitors come back normal again.

Q. I see, so how long did
ou examine him at that time, Doctor? Would it
lave been a short period of time?

A. A short period, five or ten minutes, five minutes maybe. Five or ten minutes.

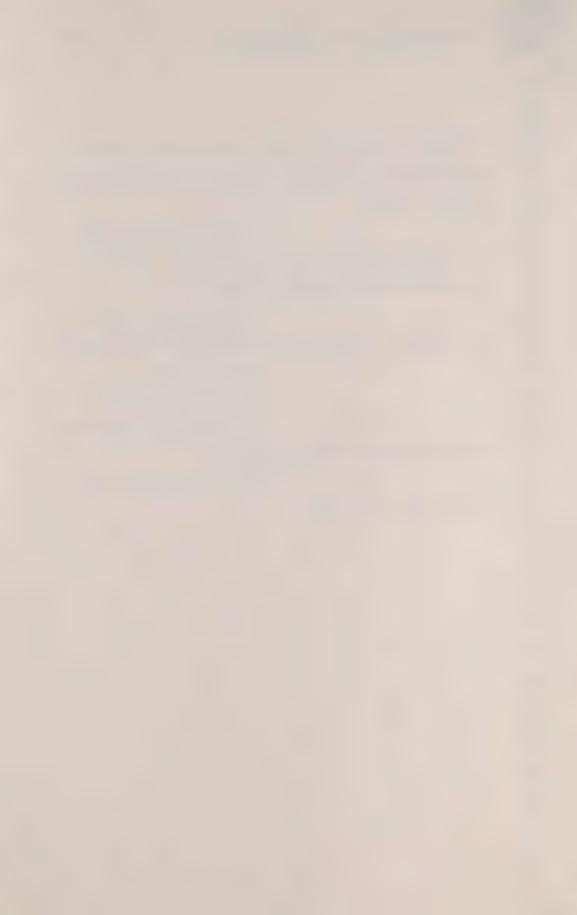
Q. Then you left?

A. Just out of the ward.

Q. You were out of the ward.

Then you were called back again?

A. Out of the room, I am sorry, but in the ward.



DD/EMT/LN 3

Q. Okay. And then you were called back again.

A. I not remember if I was called or I went myself. I can't remember that. But I think one thing is certain that I did go and see Kevin for a number of occasions.

Q. Okay. But on one of those occasions you went to see him with Dr. Ning; is that correct?

A. That's correct.

Q. And what precipitated Dr. Ning's being there?

A. Okay. Dr. Ning was there for maybe the child Manojlovich.

Q. Manjlovich?

A. Yes. All right. So I thought it my duty to discuss with him because he being there and I discussed with him after seeing the baby. We went together there and saw him.

Q. This is after the first time you had examined him?

A. That's correct.

Q. And Dr. Ning, he looked at the

child?

A. Yes.

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child at



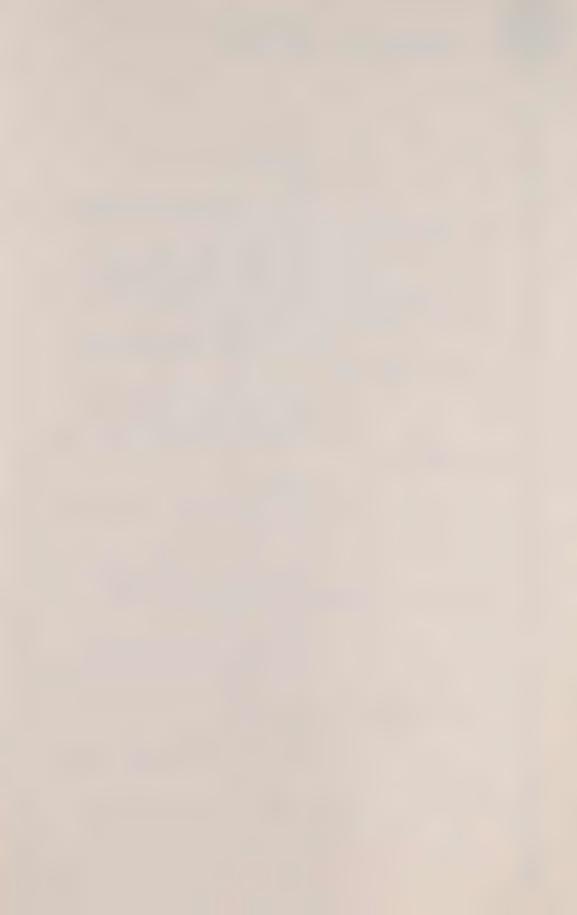
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ward.

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2	Q. Correct?
5	A. Yes.
4	Q. And did he feel that there was
3	any change in the child at all?
6	A. He didn't - during the time he
1	was there he did not even find - the child didn't
1	even have anepisode of bradycardia.
8;	Q. So the child seemed perfectly
9"	stable at that time?
10	A. That's correct, to both of us.
11	Q. And then Dr. Ning went and left
12	the ward?
13	A. Correct.
14	Q. But he didn't tell you where he
15	was going or -
	A. Yes, he did - he did an EKG at
16	that time. He checked the EKG and then he left.
17	Q. Right.
18	A. After making some suggestions.
19	Q. And then is it your evidence you
20	stayed on the ward at that time?
21	A. That's correct.
22 1	Q. And you didn't leave the child a
23	all?
20	THE COMMISSIONER: Didn't leave the



ward

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		THE	WITNESS:	Didn't	leave	the	ward.
		MR.	SHINEHOFT:	You d	idn't]	Leave	the
?	But you	did	leave the	room of	the ch	nild?	
		Α.	Yes.				

Q. Did Dr. Ning ask you to remain with the child?

A. He asked me to observe the child closely.

Q. I beg your pardon?

A. He asked me to observe the child closely.

Q. Yes. And that's what you were doing while you were on the ward?

A. Yes.

Q. Where you involved with any other children on the ward while you were out of the child's room?

A. Not any major problems except double digoxin dose just given to Kristin Inwood.

Q. Yes.

A. Not to my knowledge. There was no other child was sick or really serious at that time.

Q. So what were you doing - my question is what were you doing when you were out of the room on the ward, Doctor?



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- A. Well, I was either calling in, talking to Dr. Costigan or Ning or waiting to go again inside to see the baby again.
- Q. Did Susan Nelles ask you to come back and take another look at the child?
- A. May have been. I don't remember. May have been.
- Q. Did she ask you to do some blood work on this child?
- A. I don't recollect if she asked me to do blood work.
- Q. Did she try to explain to you that something very strange was going on as far as this child was concerned?
- A. No. The only strange thing was happening was I recollect she told me the child was having episodes of bradycardia and the child was going off colour.
- Q. You don't recall her asking you to do blood work on the baby or that there were strange things happening with the baby?
- A. No. But what blood work was she referring to?
- Q. I don't know. All I can tell you is Phyllis Trayner's evidence at the preliminary

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	1							
DD5	2	hearing, and I don't know the Volume, Mr. Commissioner						
	3	but it is at page 902 - she gave evidence that she						
	4 <u>į</u> .	was there and there was some questioning of you as to						
		trying to do this blood work.						
		You don't recall that?						
	6	A. No, I don't recall.						
	7	Q. Do you recall saying to any of						
	8	the nurses that you thought they were overreacting.						
	9	A. Me saying that?						
	10	Q. Yes.						
	11	A. No, in fact I understood their						
	12	concerns.						
	13	Q. I see. Do you recall any						
	1	conversation or do you know a lady by the name of						
	14	Lynn Johnstone?						
	15	THE COMMISSIONER: Supervising Nurse.						
	16	I think if you would let him on that secret.						
	17	MR. SHINEHOFT: She is a Nursing						
	18	Supervisor, Dr. Kantak.						
	19	A. No, I don't remember.						
	20	Q. Do you recall ever receiving any						
		phone call from her?						
	21	A. No.						
	22	Q. Do you recall having any						
	23	conversations with her?						



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- A. No, I do not.
- Q. Do you recall her asking you to all Dr. Costigan to have him come and examine the hild?
 - A. I do not remember.
 - Q. You don't remember? Is it

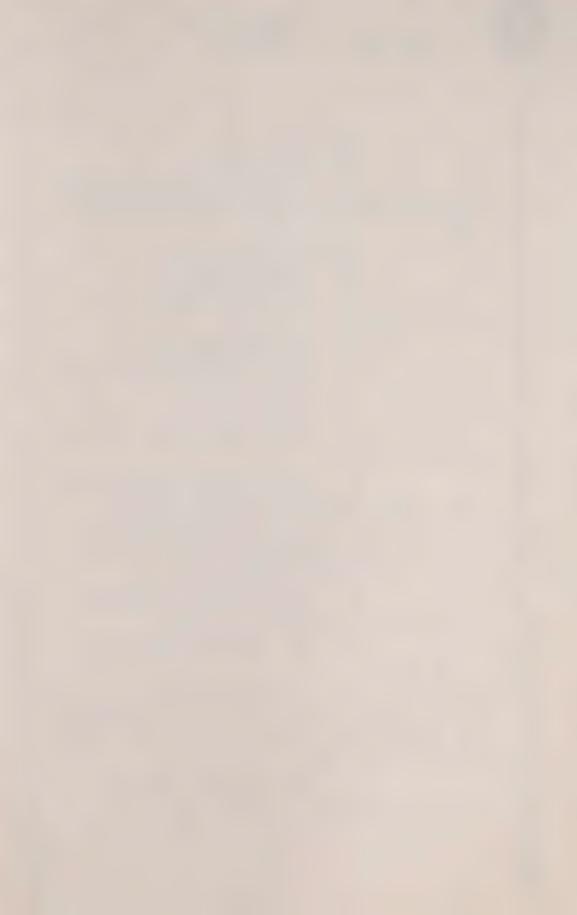
possible, Doctor?

- A. Possible I suppose.
- Q. Would you know this lady if you

had seen her?

- A. If you show me her face I won't remember, I'm sorry.
- Q. So is it your evidence, Doctor, that you were the one that initiated the call to Dr. Costigan to bring him up to examine the child, to have the child transferred to ICU?
- A. Yes. Costigan was there. Dr. Costigan was there in the ward.
- Q. But I understand that he left.

 Is that right?
- A. He was there he was resuscitating
 Baby Manojlovich and then he was there and I talked
 to him about the baby.
- Q. Didn't you just give some evidence that when you were out in the ward -





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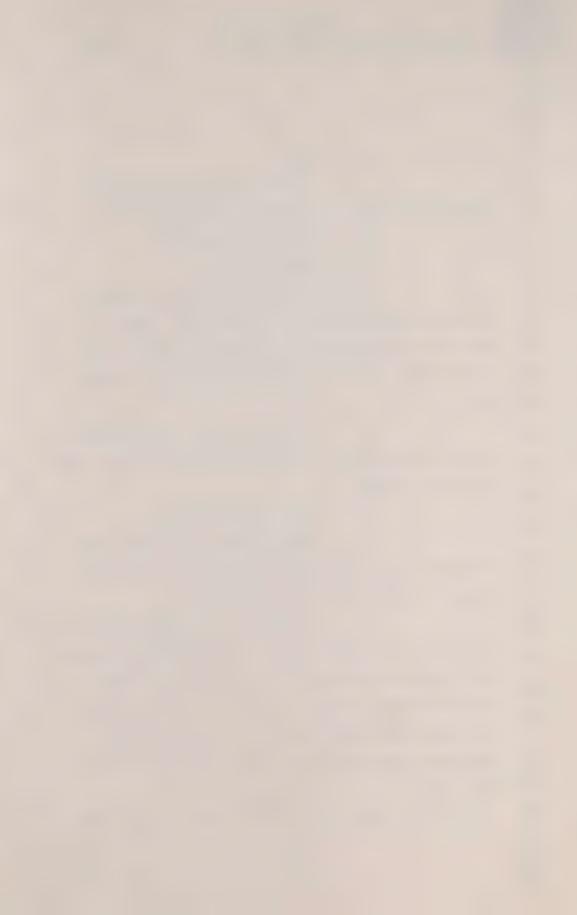
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- A. Yes.
- Q. after leaving the room of Kevin Pacsai that you called him on the phone?
 - A. Called Dr. Costigan?
 - Q. Yes.
- A. No. The only time I called Dr. Costigan was when the baby went bad and I had to rush him transfer the child up to intensive care. He was there he was there resuscitating the baby, yes.
- Q. Did he not come on two occasions

 Doctor? Did he not come once and then leave and then

 come back again?
 - A. Yes, that's correct.
- Q. And I am asking you about what happened to get the Doctor back again for the second time. You are saying you called him?
- A. I called him only once when the baby went bad, but he was in a very stressful situation and I talked to him about it. He asked if there was any other child sick on the ward and I talked to him about this child too and we went and saw the child and then he may have left and may have come back again.
 - Q. Did you go physically with Dr.



DD8

1	
2	Costigan to the IC ^U ?
3	A. Yes, I did.
4	Q. And was the child carried or
5	was he pushed in a crib or how did the child go?
6	A. I don't remember. I was thinking
Pry	hard but I don't remember.
7	Q. Do you recall who was with you
8	when you went to the ICU?
9	A. I think I was there, Dr. Costigan
10	was there and Susan was there.
11	Q. Were there any other nurses there?
12	A. I don't remember.
13	Q. Do you know a Mrs. Christie, Mrs.
	Marianne Christie?
14	A. The mother.
15	Q. No, she is an RNAShe works at
16	the Hospital. Do you know her?
17	A. No, I don't.
18	Q. Do you recall seeing anyone at
19	the front desk when you were wheeling the child down
20	to the ICU? Do you recall -
	A. No.
21	Q. Do you recall what elevator you
22	took to get to the ICU?
23	A. Yes, I know the elevators.
24	





			Q.	V	Vere	they	the	ones	that	were	ir
front	of	the	desk?								

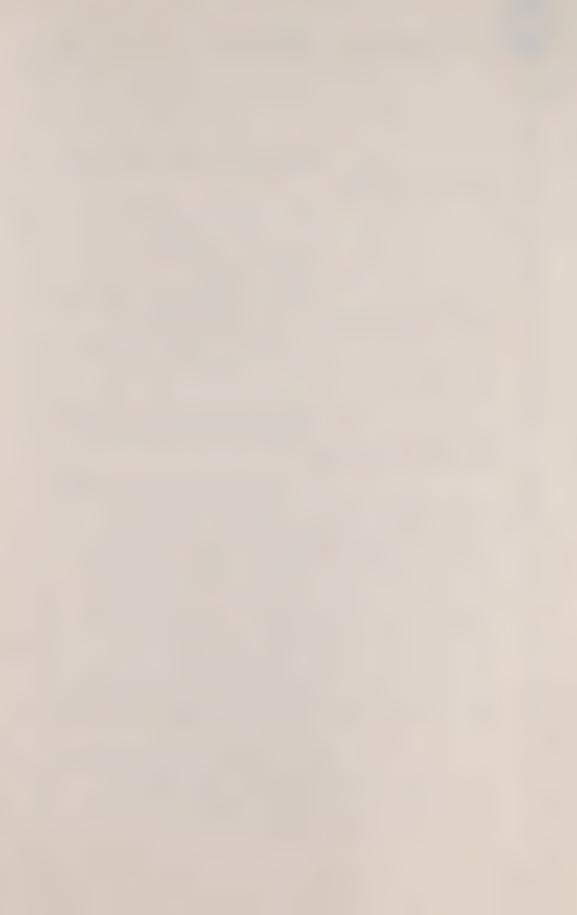
- A. Yes.
- Q. The nursing station?
- A. That's correct.
- Q. And you accompanied Dr. Costigan to the ICU and did you stay there with him?
- A. Few minutes, maybe, I came on the ward.
- Q. And what did you see if anything was done to this child during the period that you were there in the ICU?

A. Kevin was transferred to the ICU bed and monitors were placed. I showed him the transfer notes which someone had written and I asked him if he wanted any other information and he said we will get in touch with you if we want it, and I walked up to the ward because - particularly to be sure that nothing is wrong on the ward.

Q. So you are saying you conveyed this information to Dr. Costigan or people in the ICU?

A. No, Dr. Costigan.

Q. Okay. He was one of the persons in the ICU. I think there was a female doctor in charge of the ICU, is that not correct?



DD10

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			Α.	Υe	es,	but	he	plays	a	major	part	
in t	the	transf	er of	the	chi	ld a	and	assumi	ing	respo	nsibi	lity
once	e th	ne chil	d is	trans	sfer	red.						

Q. Now after the death of Kevin you indicated you discussed his death with one of the staff cardiologists. Do you recall giving that evidence?

A. Yes, briefly. We discussed almost all patients, yes.

Q. And you said that you thought it was Dr. Freedom?

A. Dr. Freedom and I went to the intensive care but I not remember which faculty member I discussed this patient with.

Q. It is possible it was Dr. Fowler?

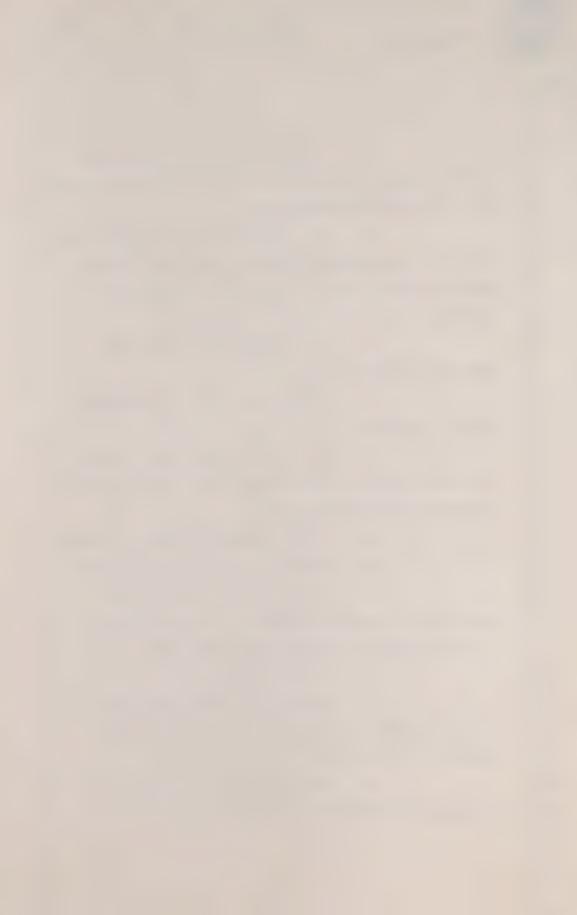
A. He was on the ward at that time.

Q. I think the evidence we have heard so far I believe is that Dr. Freedom was not in the Hospital at the time that Kevin Pacsai died?

A. That's correct.

Q. Do you recall what they said or did they have any explanation as to what caused the death of this child?

A. This child was a sick child and he had severe episode up in Hamilton and he was



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transferred for investigation of that episode. may have a similar episode in our Hospital but not really the underlying cause, and I remember having talked about the pathologists report to see if he has any conduction abnormality and talking about it; we may never find what caused his death, if he had any conduction abnormality.

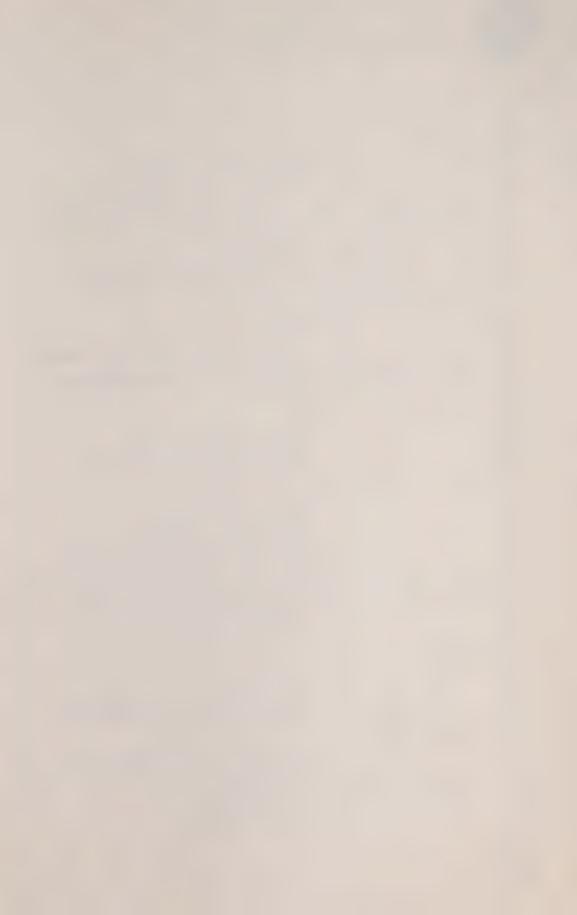
- 0. We've heard that they can do heart sections to examine for conduction problems?
 - A. Yes.
 - You are aware of that?
- Yes, I am aware, but I suppose there are limitations as in every medical field.
- Q. Right. But you did learn this baby's digoxin levels subsequent to this or have you?
- I didn't know until later that A. his digoxin level was high.
- But you found out his exact 0. levels, did you not, sometime?
- I think after Justin Cook when everything started moving maybe I found -
- Are you aware today that he had 0. an antemortem level ofgreater than 10 and a post mortem of 25?
 - Yes. A.





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DD12	2	Q. Are you aware of that?								
	3	A. Yes, but I not remember exactly								
	4	when antemortem level was - when he was transferred								
	5	to intensive care, was that 10?								
	6	Q. Well, before he arrested they								
	7	drew some blood -								
		A. Okay.								
	8	Q and that level showed a reading								
	9	or a value greater than 10. Were you made aware of								
	10	that, Doctor?								
	11	A. No, I didn't know that.								
	12	Q. But you were aware of his								
	13	post mortem level of 25?								
		A. Yes, that's correct.								
	14	Q. Now with your knowledge of the								
	15	drug digoxin could that have caused his death, displaye								
	16	the clinical syptoms that he showed when he died?								
	17	A. I suppose, yes, it could. At								
	18	least -								
	19	Q. I'm sorry?								
	20	A. At least explain his conduction								
	21	blocks, yes.								
		Q. That is one of the symptoms of								
	22	digitalis toxicity is a heart block?								
	23	A. That is correct.								
	24									



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Q. Had you ever seen a value of

A. Once, but that was - yes, once

Q. And had that child died as well?

A. No, no. Unfortunately - fortunately not. That was a mistake, not in the Hospital for Sick Children. That was somewhere else, and he was given two doses, two extra doses of digoxin. It was miscalculated, so I have seen only once this happening.

- Q. And was it that level, 25?
- A. Yes, 25, exactly.
- Q. Other than that had you ever seen a level of that magnitude before?

A. No.

MR. SHINEHOFT: I see. Thank you very much, Dr. Kantak.

THE COMMISSIONER: I am assuming, Mr. Olah and Mr. Tobias you are just here for the exercise?

MR. TOBIAS: No, I have a great deal of questions, Sir, but in deference to you I will pass.

THE COMMISSIONER: Mr. Olah, the same



Mr. Roland?

DD14

 $$\operatorname{MR.}$ OLAH: You will be glad to know I have no questions.

THE COMMISSIONER: All right. Now,

MR. ROLAND: The only question I have is really not a question at all. It is just a matter of information.

As I understand it, and I don't think this is on record, Doctor, if you go to page 64 of Kevin Pacsai's chart and then you turn to page 68, am I correct that all of that, both on page 64 and then skipping over to page 68 is your note, and 68 should follow immediately after page 64?

THE WITNESS: That's correct.

MR. ROLAND: Thank you.

MS. CHOWN: Thank you. I have no re-examination.

THE COMMISSIONER: Miss Cronk?

MS. CRONK: Thank you, sir.

RE-EXAMINATION BY MS. CRONK

Q. Doctor, I have just a few questions for you. Could I ask you to look if you would at Michelle Manojlovich's chart if you still have it there Volume 111. You remember that your attention was drawn by Ms. Symes during your discussion



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with her to the nursing note that appears at page 181 of the chart.

You remember looking at that, the nursing note?

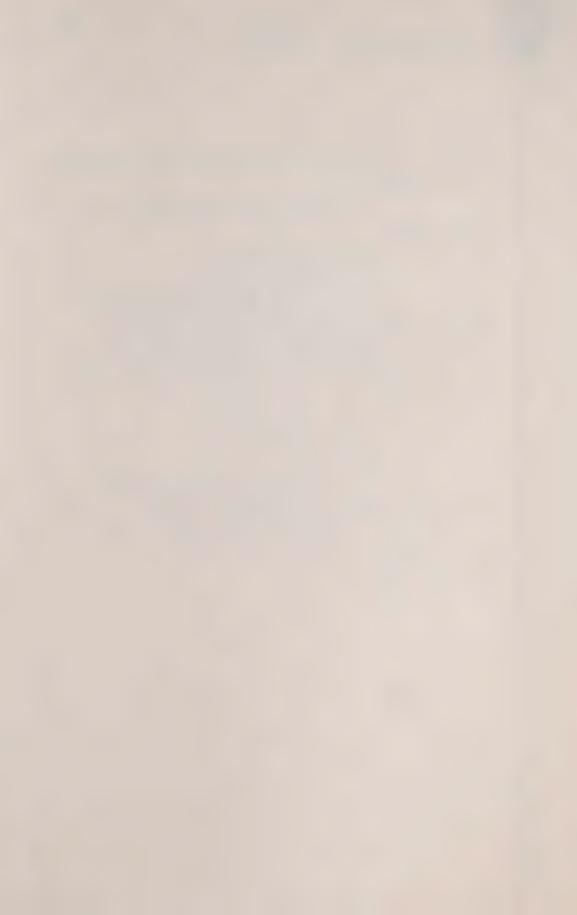
A. That's correct.

Q. I wish to draw your attention, Doctor, to what I take to be your own note with respect to this child which starts at page 180, starting at page 180. It is dated March 12th, 1981, at 3:00 a.m.

Do you see that?

A. Yes.

Q. Could you just take a moment Doctor, and refresh your memory by reading to yourself the first part of that note if you would and then I have a question for you.





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THE COMMISSIONER: It is something like an examination question, you are asked to read it through and you don't know what the question is going to be.

MS. CRONK: Q. Have you read the first page, Doctor?

A. Yes.

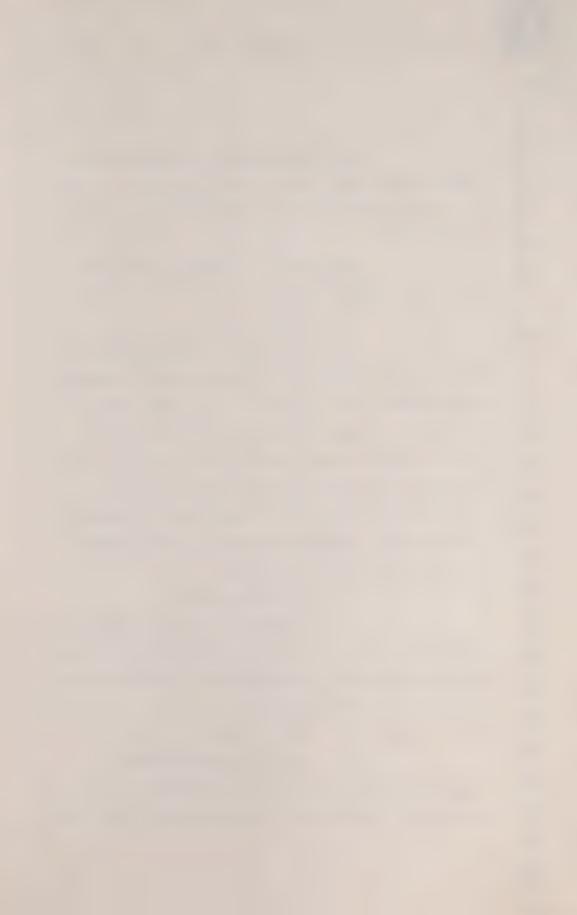
Doctor, as your note records the child was transferred to the ward and it appears to me that you have on Saturday, but then that is crossed out, it is my understanding that she was transferred back to the ward on March the 8th. But it appears does it not that at the time of her initial transfer back to the ward she was generally in rather poor condition and that is what you have noted and recorded in your note?

> That is correct. A.

This note I take it would have been made at the time, as you told us earlier today, at the time that you were summoned by virtue of the Code 25 to the child's arrest?

> That's right. Α.

And you would have been describing then her condition immediately prior to her arrest in the day and the night before, do I have





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that correctly, the 11th of March?

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TORONTO, ONTARIO

Α. Yes.

And the morning of March 12th up until the time of her arrest?

> A. Yes.

Q. Am I correct further, Doctor, that although her initial condition on transfer to the ward appeared to have been poor, your observation as noted in the medical record was that she had in fact improved that day?

> A. That is correct.

According to your observations and your judgment her colour had picked up?

> A. Yes.

That also had improved, and she was feeding better than she had before?

That is right.

Can you help me with the next "She was in ... "?

A. Oxygen 75 per cent of oxygen.

0. Is that a good sign?

A. I don't know, she had been on

the oxygen for a time.

0. But she continued to require

assistance?

note, Doctor:



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A. Oxygen, yes.

Q. Her vitals however were stable?

Correct, I noted the vitals. A.

0. I am sorry, I didn't hear that?

A. I noted the vitals, her oxygen.

her heart rate and her blood pressure.

Q. I was going to come to that, you have indicated that her vitals generally were stable, and her heart rate you have recorded as being 130, is that 130 to 140, or 130 to 160?

> A. 130 to 140.

Was there any difficulty with that, a perfectly normal range?

> A. Yes.

What about her respirations.

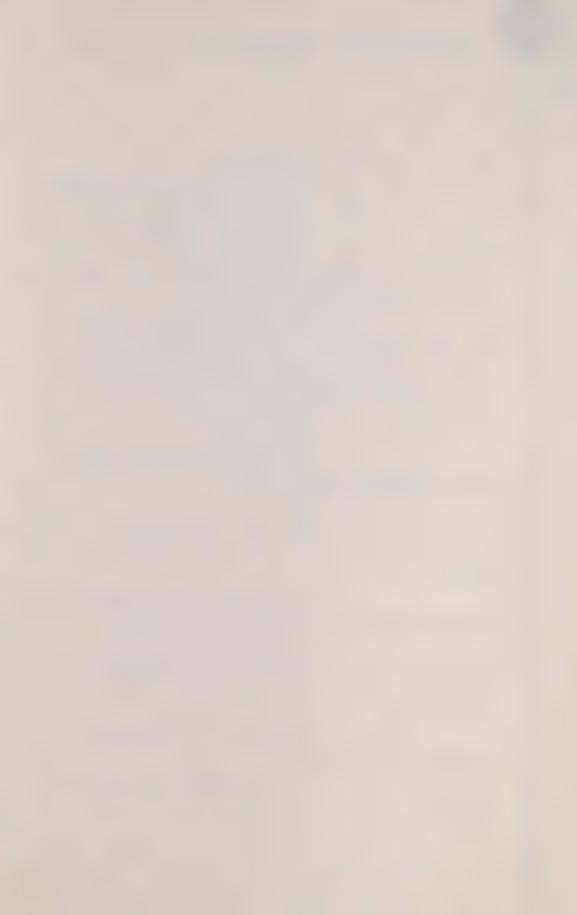
Doctor?

A little on the high side but A. they had been there in that range all the time.

0. Is that 80 to 90 or is it respirations 40, I am having difficulty reading your writing?

Respirations 40, and blood pressure 80 to 90, systolic.

0. Is that something to cause you concern?



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A. No.

Q It is clear, however, if we turn to the next page and look again at the nursing note, that according to the nurse's observations that are recorded in her chart that once again her vital signs were stable, do you see that, page 181 of the nursing note for the 12th of March:

"Her vital signs continued to be stable."

A. Yes.

Q Her apex was 120 to 144, that is roughly in the range that you recorded?

A. That is correct.

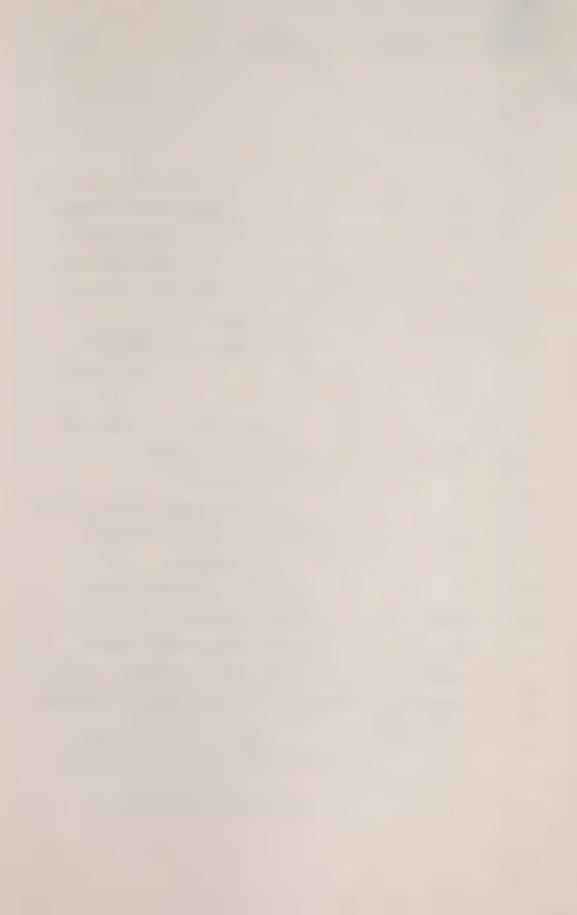
Q. Her respirations were 44 to 48, again in a similar range to what you had noted?

A. That is correct.

Q. Nothing of concern in that pattern. Would it be fair, Doctor, it is also clear according to the nurse who recorded these observations that the baby had been irritable through the night and demonstrated some difficulty in feeding, isn't that so?

A. Yes, that is what the nurse's note tells me.

Q And finally the nurse also





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indicated that the apnea episode which led to the arrest and caused the need for the resuscitation was sudden.

Yes.

All of a sudden the baby wasn't breathing, isn't that so?

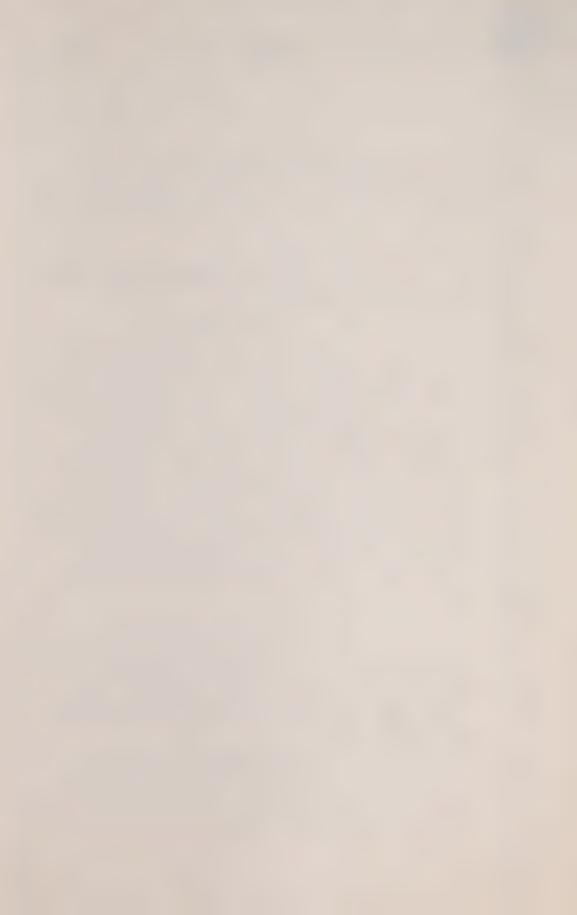
> That is correct. A.

Doctor, in light of your own observations that you made, having seen the child when he was still on the ward before you went off to the residents' quarters, and the observations noted by the nurse, would it be fair to suggest that although this child had a poor prognosis in the hospital and indeed had not been doing very well when she initially appeared on the ward, the day and the night before she died she was in fact considered to be improving, isn't that so?

Yes, that is correct.

In that context, Doctor, having regard to what the nurse noted, the onset of the apnea and her fatal symptoms, were they not properly considered to be sudden?

They happened suddenly, yes, but I do not know if it was an expected thing, or if it was not, I do not know that.



Fair enough, Doctor.

I am

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of you?

THE COMMISSIONER: No, I thought there

were an awful lot of negatives to that question but fortunately the doctor has worded it in the positive when he gave you the answer. Sudden but not necessarily unexpected, is that fair?

THE WITNESS: Yes.

MS. CRONK: Q. And Doctor, when you went off to the resident quarters that night to try and get some sleep I suggest to you that you had no reason to think that this child was in critical condition?

A. No.

Q That she might have a sudden turn for the worse?

A. No.

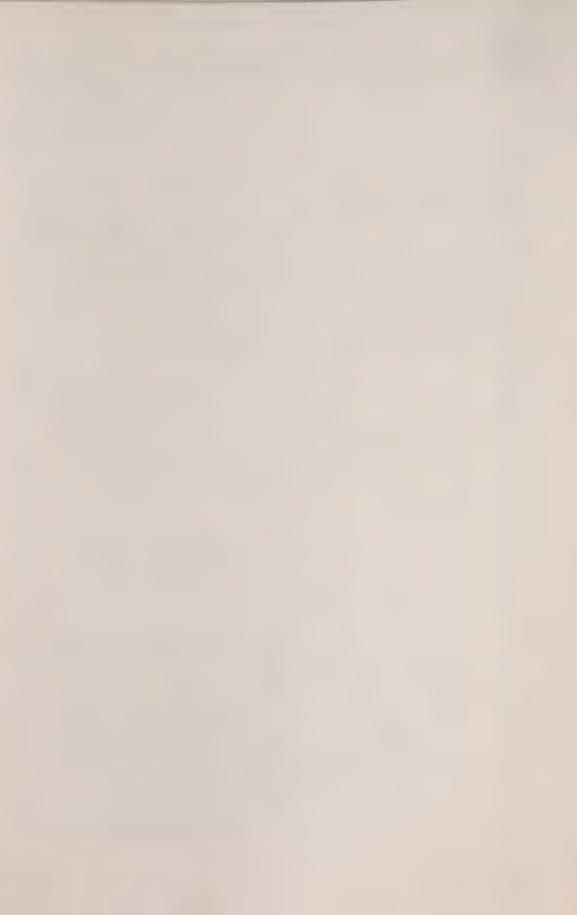
Q. Clearly if you had you wouldn't have left, isn't that fair?

A. That is correct.

Q. Just a couple of questions on Kevin Pacsai. Mr. Roland has drawn your attention to the transfer summary at page 64 of the chart.

A. Okay.

Q. Do you still have that in front





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A. Yes.

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0. He has properly indicated that that continues on to page 68 and appears to have been photocopied out of order?

That is correct.

As I understood your evidence earlier today and your discussion with Ms. Symes, as you remember it this transfer summary was written by you at the time the child was transferred to the Intensive Care Unit?

That is correct.

Q. Do I have that correctly?

A. Yes.

That would be at 6 o'clock in the morning of March the 12th?

Yes, that is right.

Isn't that so?

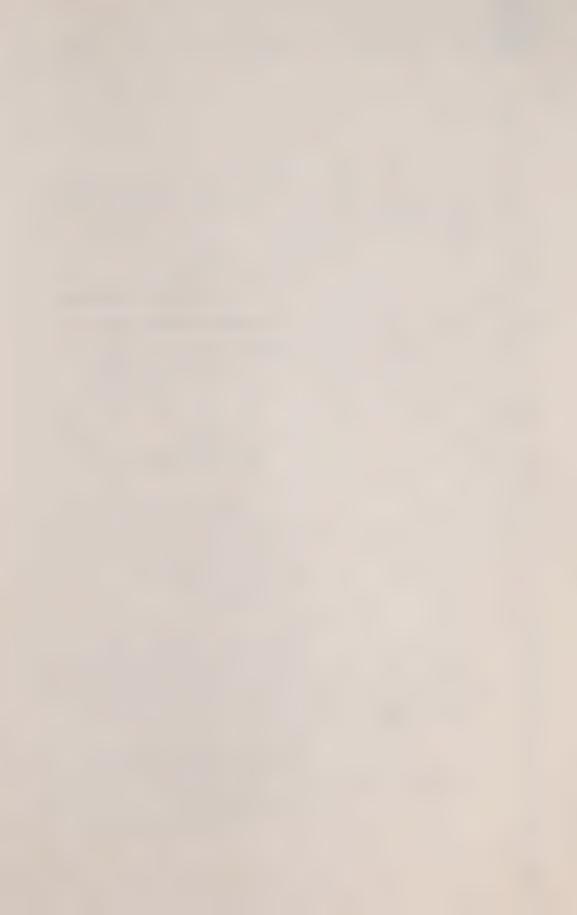
Yes.

Doctor, my puzzlement arises of course in the fact that the transfer summary bears the date of March 11th, do you see that on page 68?

> A. Yes.

0. The date is not handwritten, it appears to be part of a plate insignia on the page.

> A. That is correct.



we not?



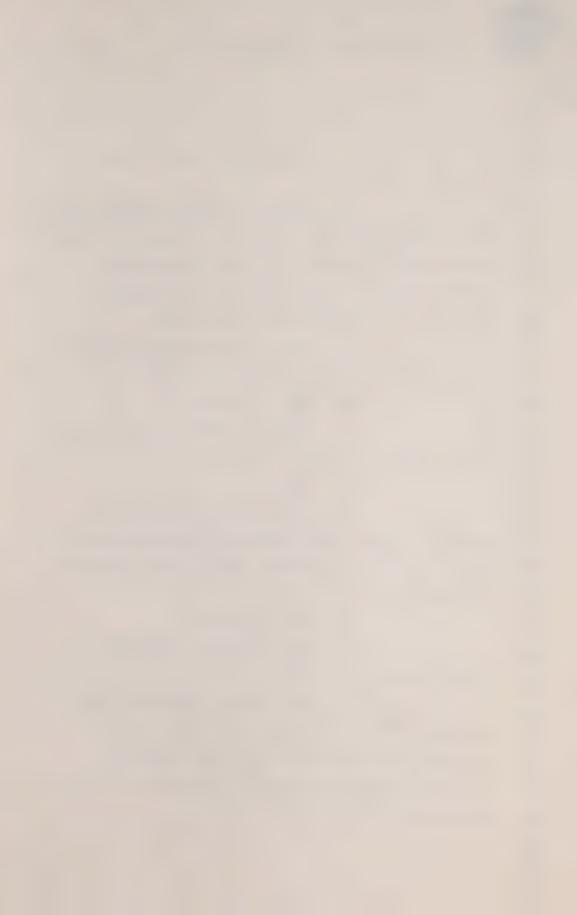
EE.8

Q.	On	page	68	we	see	it	twice,	do

A. That is correct. They may not have changed the dates because of the night and there was so much excitement going on on the ward that no one turned the thing up to 12 on those plates, because all the papers were stamped before.

Q. That is an explanation as you see it for why it would bear the day prior?

- A. That is correct.
- Q. Would you look as well at page 64 if you would, please?
 - A. Yes.
- Q. You will see, Doctor, in the very first line of your note you are describing the age of the child and the fact that he was transferred from Hamilton today?
 - A. That is correct.
- Q. That of course is probably March the 11th, is it not?
- A. Yes, I know, during the night means 11, 12:30, I don't know. I think it is a mistake of mine the date, but it was 11 and the transfer somebody has written 12 morning, so I should have written down yesterday.





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Q Doctor, could you look through with me if you would please the contents of the note that you have written. As Mr. Shinehoft suggested to you the first piece of information recorded, if you will, appeared to be drawn from the history of the child at McMaster, is that correct?

A. That is correct.

Q. You told Mr. Shinehoft that that was information which you believed was provided to you by Dr. Kobayashi?

A. That is correct.

Q. And if we go on you then describe your own observations of the child on admission?

A. That is correct.

Q. And you told us that would have been at about 5:30 or 6 o'clock on March the 11th when you took over from Dr. Kobayashi?

A. That is correct.

Q. Then further on, Doctor, we see the recording of what the rhythm strip showed 2 to 1 conduction block?

A. Yes.

Q. And you have told us that you observed that with Dr. Costigan later in the morning shortly before the child was transferred to the



Intensive Care Unit?

A. That is correct.

Q. Doctor, at any time having admitted the child to the ward, and having taken over from Dr. Kobayashi, did you make any notes of his condition then?

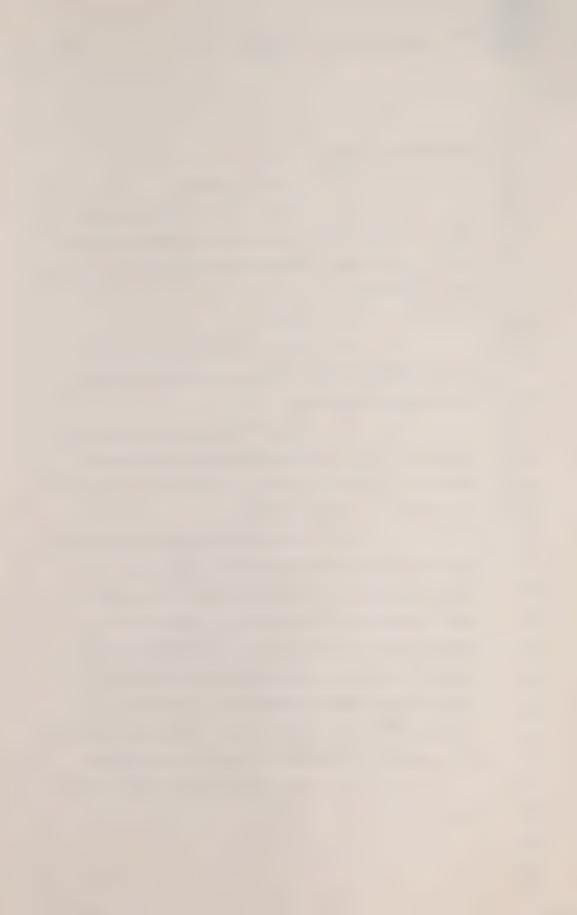
A. No.

Q. Or did you make this entire note the next morning before he was transferred to the Intensive Care Unit?

A. This entire note was made the next morning and I have no notes written because there was no problem, I didn't anticipate at that time any problem so I made no notes.

Q. My only difficulty, Doctor, and this is perhaps easily explainable; my only difficulty with that is that I would have thought it would be difficult to remember the details of a child's condition on admission if they had not been recorded in any way, particularly if some 8 to 10 hours later you were attempting to record what in fact you did see visually when you observed the child. Is it possible you wrote this note in two stages?

A. No, it was written once at that time.



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			Q.	You	distino	etly :	reme	ember	having	
made	it	shortly	before	the	child	went	to	the	Intensive	е
Care	Uni	t?								

A. Absolutely.

Q. If you look to the bottom of the note, Doctor, you will see that the results of various investigations are reported?

A. Yes.

Q. Are those tests that were all conducted at The Hospital for Sick Children?

A. Yes, I put down on the side Hospital for Sick Children.

Q. And you have told us, fairly to you, that those test results were available to you at about 8 or 9 o'clock at night on March the 11th?

A. That is correct.

Q. So that the results that you have recorded here were available to you by 9 o'clock on the night of March the 11th?

A. That is correct.

Q. So that could have been written during the course of the latter part of that evening, but it is your recollection it was written the next morning?

A Yes, this was written and I





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summarized the whole thing what had happened the prior night, this was written after early morning.

0. Thank you, Doctor, you have been of assistance. There are two further matters with respect to Kevin Pacsai. You told my friend Mr. Shinehoft a few moments ago that before when you learned that Kevin Pacsai had a digoxin level of 25 that that was the second time in your medical experience that you had ever heard of a digoxin level that high?

- A. That is correct.
- Do I have that correctly?
- A. Yes.

0. And the prior occasion when you had known of a level that high was not at The Hospital for Sick Children, it was on another patient in another hospital?

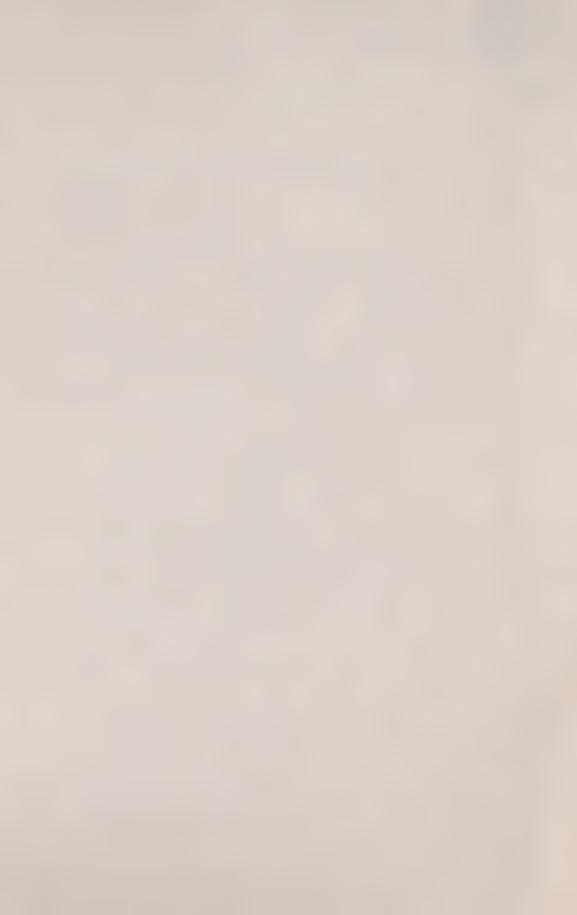
Yes.

Can you tell me how old that patient was?

A. It was an infant, a couple of days old, 10, 12, 15 days old.

And had that particular infant 0. received I believe you said it was a double dose?

> A. No, it was miscalculated and in



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fact it was given by a staff person.

Q. It was a dose received in

A. A dose received in the ICU.

Q. And the child survived you told

us?

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hospital?

A. Yes, no problems.

Q. And apart from that you have never seen a level that high?

A. No, that's correct.

Q. One final point, Doctor. You have told us several times today with respect to Justin Cook that one of the features that you considered to be unusual in his case was the ventricular tachycardia which you noted during the course of his arrest and terminal events, do I have that correctly?

A. Yes. I have not seen it, maybe a further person with more experience in cardiology may have seen the ventricular tachycardia but I have not seen ventricular tachycardia in any infants.

Q. That was something new to you in an infant?

A. That is correct.

Q. And with respect to those

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physicians who were present during the arrest and resuscitation of Justin Cook, was it your impression that they too regarded that as an unusual feature?

- I think so.
- 0. Was it a matter that was

discussed?

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- A. Not at length, no.
- Was it remarked upon during the course of the resuscitation?
- No, not during the course of resuscitation.
- 0. But it was your impression that that was regarded as being unusual?
 - Yes, that was my impression.
- 0. In fact, Doctor, was not exactly the same symptom manifested by Kevin Pacsai before he died?
- I don't know because I was not there but in the Intensive Care Unit, probably.
- Let me back up, Doctor. We know that you went with the child to the Intensive Care Unit.
 - Yes.
- Before the child actually arrived in the Intensive Care Unit, did you observe





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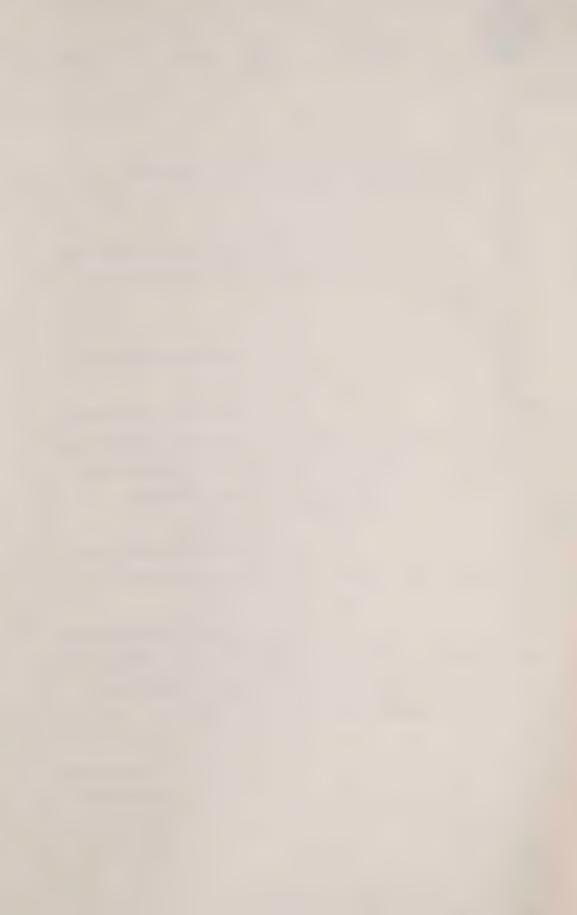
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any ventricular tachycardia, or ventricular fibrillation of the child? A. No.

And you have told us that you stayed in the Intensive Care Unit for just a few moments?

- A. Yes.
- Then returned to the ward? Q.
- That's correct. A.
- And you also said this morning 0. as I understood it that you returned to the Intensive Care Unit with one of the staff cardiologists and you believed that to have been Dr. Freedom?
 - A. That is correct.
- And you were there for a few 0. moments before the child was pronounced dead?
 - That is correct.
- While you were in the Intensive Care Unit did you personally observe, or did you hear that the child had exhibited signs of ventricular tachycardia or ventricular fibrillation?
 - I think so but I am not sure. A.
- Could I ask you to turn to page Q. 67 of the chart if you would, Doctor, this is Kevin Pacsai.



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A. Yes.

Q Do you have that?

A. Yes, I have.

Q. This is Dr. Costigan's note we have been told describing the child's course and his symptoms and progression to arrest in the Intensive Care Unit, and I draw your attention first to the third line.

A. Yes.

Q. He indicates at 8:45 a.m. approximately the child became ... I have trouble reading that; it continues: "severe bradycardia"?

A. Apneic.

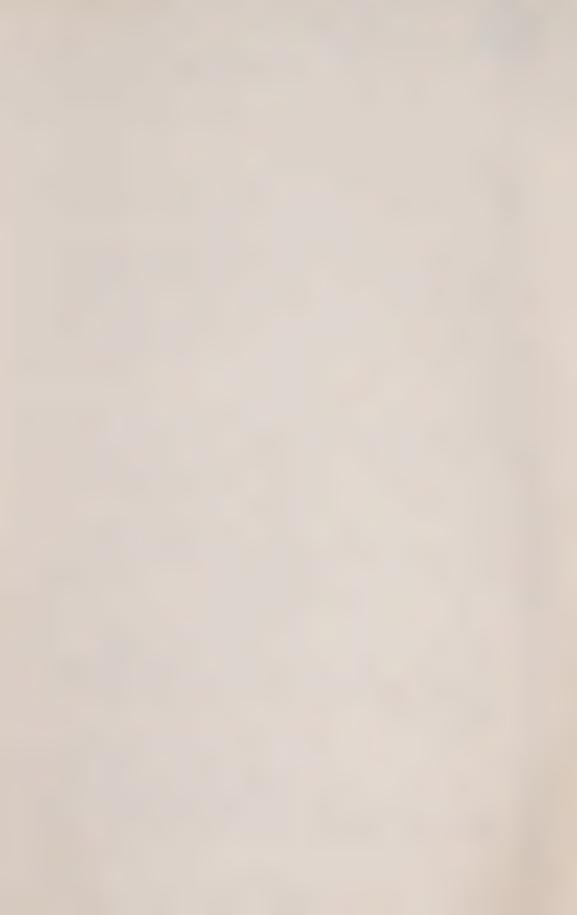
Q. Apneic, thank you. Severe bradycardia followed almost immediately by ventricular fibrillation, do you see that?

A. That is correct.

Q. He then continues at length to describe certain of the symptoms and the procedures that were undertaken and then about half way down the page:

"No medication to settle the rhythm in any one pattern he was in and out of ventricular tachycardia with ... ".

Again I have difficulty, "asystole"?





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- A. Asystole, that is correct.
- Q. Do you see that, Doctor?
- A. Yes, I do.
- Q. So it would appear would it not that Kevin Pacsai as well as Justin Cook displayed those symptoms during the course of his final terminal events before he was pronounced dead?
 - A. That is correct.
- Q. And in the same context I take it you would regard that as unusual as you have with Justin Cook?
 - A. That is correct.
- Q. When you came on duty the morning after Kristin Inwood had died and were informed of her death by Dr. Soulioti, were you told anything about the nature of the abnormalities which had been observed in her condition before she died?
- A. I think what she mentioned to me again that Kristin had tachycardia and arrhythmia but I did not remember going into details of arrhythmia what she had, I do not remember. I think we discussed that, I am not sure.
- Q. Was your conversation with Dr. Soulioti as sufficiently detailed to permit you to make any comparison in your own mind between the



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symptoms that had been displayed by Kevin Pacsai and Kristin Inwood?

No.

Or do you now remember 0. sufficient detail of the discussion?

> No. A.

Doctor, you have been very Q. helpful. On behalf of the Commission, thank you for coming the long distance that you have come.

MS. CRONK: Thank you very much.

THE COMMISSIONER: Thank you indeed, Doctor. Miss Symes, is Dr. McGee available I take it tomorrow morning?

MS. SYMES: Yes she is, Mr. Commissioner.

THE COMMISSIONER: 10 o'clock. I hope she will be as busy as our last witness and will want to get home just as early as possible tomorrow.

As far as I know that is the last witness that we are calling in Phase I, so we may finish the evidence tomorrow. Until 10 o'clock tomorrow morning.

You can't promise me that?

--- Whereupon the Hearing was adjourned at 3:30 p.m. until 10:00 a.m., Tuesday, 15th of May, 1984.



